



DELEGATION OF CONSENT TO TREAT

Michigan law requires that children must be accompanied by a person who is 18 years or older when seeking medical/dental treatment or advice. This is to protect you and your child. Parental consent must be documented when a person other than the parent/legal guardian is seeking care for the child. Parent or responsible party must be available during the child's entire visit.

Please complete the following information for our records.

I, \_\_\_\_\_, give my permission for
Print name of parent/guardian

\_\_\_\_\_ OR \_\_\_\_\_
Print name of relative or friend Print name of relative or friend

or \_\_\_\_\_ OR \_\_\_\_\_
Print name of relative or friend Print name of relative or friend

to seek medical/dental treatment or advice for my child(ren) named below:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This consent is effective today and remains in full force and effect until rescinded or changed by me.

\_\_\_\_\_, Today's Date: \_\_\_\_\_
Signature of Parent/Guardian

\_\_\_\_\_,
Parent/guardian street address

\_\_\_\_\_,
Parent/guardian city, state, and zip code

\_\_\_\_\_,
Parent/guardian telephone number

\_\_\_\_\_, Date: \_\_\_\_\_
Staff Signature

Health Center: \_\_\_\_\_

