



10850 Highland Rd. Hartland, MI 48353 Ph: (810) 632-3200

**Consent for Treatment of a Minor without a
Parent or Legal Guardian Present**

This form is for emergency contacts and anyone that you would like to allow to bring your child(ren) in when you are unable to do so. If someone other than yourself brings your child(ren) in and they are not listed on this form, we will not be able to see them for their appointment.

Child's Name: _____ Date of Birth: _____

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I, _____, give permission for my child to be medically evaluated and treated at Hartland Pediatrics. I understand that it may be necessary to perform diagnostic test at the office visit. This consent applies to complete wellness exams (accompanied by an adult), sick visits, in-office tests (hearing, vision, blood pressure, blood draws, urinalysis, etc.), immunizations, evaluation and treatment, referral to an outside facility for services not provided in our office (labs, radiology, hospital, etc.)

My Child(ren) will be accompanied by:

Him/Herself (patient must be 16 years or older)

Caregiver: _____

Other (Name & Relationship): _____

Other (Name & Relationship): _____

I, _____, give permission for the staff of Hartland Pediatrics to share any relevant health information with the person accompanying my child.

Hartland Pediatrics can share my child(ren)'s medical information over the phone or when I am not present to the following individual(s) and their relationship to patient(s):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Parent/Guardian's Signature

Parent/Guardian's Name Printed

Phone Number where parent can be contacted

Date