

Dad, Mom or Legal Guardian

Before you leave your child or dependent adult with another caregiver (such as a family member or babysitter), and may not be able to be reached, please complete the following information.

If your child/dependent adult's caregiver presents a completed form, they will be able to obtain medical treatment for your child/dependent adult in your absence.

Our staff will still attempt to call you or the second contact person if a phone number is available.

Please instruct your child/dependent adult's caregiver to keep a completed form with them at all times, so if your child/dependent adult needs emergency treatment, they can present it at the time the child/dependent adult arrives.

A **separate** form is needed for each child/dependent adult.



Consent for Medical Treatment of a Minor Child or Dependent Adult

I, _____,
Print name of Parent or Legal Guardian

am the parent or legal guardian of

Print name of the Child/Dependent Adult

who was born on ____/____/____, and lives at

Street Address

City _____ State _____ Zip Code _____

I give permission for

Print the name of Caregiver

who is over 18 years of age and lives at

Street Address

City _____ State _____ Zip Code _____

to consent for medical treatment
for the child/dependent adult named above.

Signature of Parent or Legal Guardian

Date: ____/____/____

Time period that permission is given for:
Not to exceed 6 months*

From: ____/____/____ to ____/____/____

*This form is only valid for a period of six (6) months unless the parent or guardian is serving in the armed forces of the United States and is deployed to a foreign nation, and the power of attorney provides, this form may be in effect until the thirty-first day after the end of deployment (MCL 700.5103)

SHN Staff: If time period is left blank or exceeds 6 months (and the parent/guardian is not deployed), write in the date you receive it and the six month ending date and initial the form.

Medical Information

Family Physician: _____

Telephone: () _____ - _____

Allergies: None

Current Medications: None

Medical History:

Immunizations up-to-date? Yes No

Comments: _____

Last Tetanus or Booster: ____/____/____

Parents or Guardian can be reached at:

Name: _____

Address: _____

Telephone: () _____ - _____

Second Contact Person:

Name: _____

Address: _____

Telephone: () _____ - _____

Insurance Information

Ins. Name: _____

Contract #: _____

Ins. Group #: _____

Subscriber Name: _____

Please attach a copy of the insurance card if available.