



2591 South Leaton Road
Mt. Pleasant, Michigan 48858

Permission to Treat a Minor Without a Parent / Legal Guardian Present

Nimkee Memorial Wellness Center must receive permission from a child's parent or legal guardian before providing treatments for an injury or acute illness that is non-life threatening. This form gives Nimkee Memorial Wellness Center permission to treat your child in case you are unable to accompany him/her to the clinic for treatment.

Please Note:

- A parent/legal guardian **MUST** be present for their child's first visit at Nimkee Memorial Wellness Center, Medical and Dental Clinics.
- Minors may not receive immunizations without a parent or guardian present.
- A minor must be at least 16 years of age to receive certain types of treatment in the Medical / Dental Clinic without a parent/legal guardian being present and must bring in a completed "Permission to Treat a Minor" form.
- In certain circumstances, in accordance with Tribal, State and Federal laws, parent/guardian permission may not be needed for adolescents being seen for concerns of "heightened sensitivity" such as family planning, testing, counseling, and treatment for STI's.

Patient name: _____ Health Record Number: _____

Date of Birth: _____ Today's date: _____

I hereby authorize _____ (an adult into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment at Nimkee Memorial Wellness Center.

[] Please initial here if you are authorizing a minor to seek and consent to treatment without an adult present. This consent applies to certain care, treatment and procedures as defined in the Nimkee Memorial Wellness Center policy for Medical / Dental Care of Minors.

In case of emergency, I can be reached at:

Home phone: _____ Cell phone: _____

Work phone: _____ Other: _____

Signature: _____ Date: _____

Parent/Legal Guardian

Printed Name: _____ Relationship to patient: _____

[] Check here if you would like the authorization to be valid for 1 year

[] Check here if you would like the authorization to be valid ONLY for date of appt.