

# Minor Authorization to Treat



## Instructions to Parent or Legal Guardian:

- Use this form when you are not able to be present for your minor child's appointment.
- The patient or person accompanying the patient must take this completed/signed form to the appointment.
- Treatment may include routine vaccinations, diagnostic procedures and medication management.
- You may be contacted by a clinical team member.
- **Print clearly when completing all information.**

## This Authorization Covers:

I authorize the routine medical care and treatment of (patient name) \_\_\_\_\_

(patient date of birth) \_\_\_\_\_

At Silver Pine Medical Group on \_\_\_\_\_ (Date of Visit).

Patient accompanied by:

(Name): \_\_\_\_\_ (Relationship to Patient): \_\_\_\_\_

Self; Minor has consent to be unaccompanied for today's visit.

## I Do Not Authorize: (Check any that apply)

Any vaccinations to be given without being contacted by Silver Pine Medical Group. To read the vaccine information sheet (VIS), go to: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunization/providerinfo/vis>

Any medication changes made without being contacted by Silver Pine Medical Group.

Diagnostic procedures without being contacted by Silver Pine Medical Group.

Other (please explain):

## I understand my provider will follow-up with me. The way I prefer follow-up is:

I would like a call from the office for follow-up.

I will view information on the FollowMyHealth patient portal.

I have read this form or it has been explained to me. All my questions about this form have been answered.

(Date): \_\_\_\_\_ (Time): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian (Print Name): \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_