



GREEN TREE PEDIATRICS

Consent to treat a Minor

I _____ give permission for my child _____
(Parent/Guardian) (Child 16-18 years)

To attend their visit without an authorized adult present. By so doing I am authorizing treatment as per the office policy at Green Tree Pediatrics. Included in this is performing a History and Physical, discussing medical history and potential treatment plans. I will receive information from my child regarding the visit. I will be available by phone for any emergent needs. Michigan law requires patients under 18 years of age to have parental/guardian consent before care is given except in emergencies.

This authorization is effective on _____ and will expire on _____
(Start Date) (End Date)

Best Contact Number for Parent/Guardian: _____

Parent or Legal Guardian's Signature: _____

Return this form by mail or fax:

GTP Chelsea
13699 Old US 12
Chelsea, MI 48118

Fax: (734) 475-4507

GTP Ann Arbor
760 West Eisenhower Pkwy, Suite 208
Ann Arbor, MI 48103

Fax: (734) 769-2075
