



consent



**AUTHORIZATION FOR THE TREATMENT OF A MINOR CHILD
IN THE ABSENCE OF A PARENT/GUARDIAN**

I, _____ parent/guardian of the minor child _____
(Full name of parent/guardian) (Full name & date of birth of child)

authorize _____ to give consent for medical examinations and treatments
(Name of adult over 18 years& relation to child)

for and on behalf of my minor child as I might or could do if personally present including, but not limited to:

- 1) giving parental consent to any medical, diagnostic, or surgical procedure and/or other treatment of any type;
- 2) giving parental consent to any dental procedure;
- 3) giving parental consent to admission to any hospital or medical center;
- 4) giving parental consent to the use of any drugs, medication, immunization, therapeutic devices, or other medicines or items related to the child's health; and
- 5) having the power in general to take and authorize all acts with respect to my child's health and well-being.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Authorization. This Authorization is given pursuant to Public Act 1998, No. 386 § 5103 (M.C.L. § 700.5103) and, therefore, is valid for 180 days following the original signature or any renewal signature.

This authorization is binding on the following dates (select one):

- ☐ On the specified date(s) _____.
- ☐ Within the following time frame from _____ to _____ (this may not exceed 180 days)
- ☐ Valid for 180 days from the signature date below.

This authorization is bound to the following restrictions (select one):

- ☐ No restrictions; the authorized individual may operate within the criteria outlined above.
- ☐ The authorized individual may operate within the criteria outlined above except _____.

Child's Full Name:	Child's Date of Birth:
Medical Allergies:	
Current Medications:	
Name of Physician(s):	
Parent/Guardian's Contact Information:	

Signature of parent/guardian

Date

Signature of witness

Date

NOTE: This form must be signed and witnessed to be considered valid. Give form to the named individual to be used in the parent/guardian's absence.