

Kids Creek Children's Clinic

FAX: 231-935-0562

CONSENT TO TREAT (Today only)

Date of Visit: _____

___ Consent for patients being brought to the office by someone other than the parent or legal guardian.

I, the parent or legal guardian of _____ hereby give _____ permission to bring my child to the office today for an examination.

Kids Creek Children's Clinic will not administer vaccines nor perform any procedures without the verbal consent of the parent/legal guardian.

___ Consent for a patient who is 16 years of age or older and coming to the office alone:

I, the parent or legal guardian of _____ hereby give Kids Creek Children's Clinic permission to treat him/her without me being present.

For the safety of your adolescent, Kids Creek Children's Clinic will not administer vaccines nor perform any procedures without an accompanying adult.

Parent/Legal Guardian Signature:

Date

I will be available at the following phone number (s):

1. () _____

2. () _____