



**MACOMB PHYSICIANS GROUP, PLLC**  
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**Permission to  
Treat a Minor**

**Permission to Treat a Minor without a Parent/Guardian Present**

Macomb Physicians Group, PLLC, must receive permission from a minor’s parent or legal guardian before providing treatments for an injury or illness that is non-life threatening. This form gives legal permission to treat the minor in case the parent/legal guardian cannot accompany him/her to the office for treatment. If the party accompanying the minor (baby-sitter, friend, relative, etc.) does not present this information, the office will attempt to contact the parent/legal guardian to request permission to treat the minor.

**Please Note:**

- A parent/legal guardian **must** attend a minor’s first visit at Macomb Physicians Group.
- Minor’s **may not** receive immunizations without a parent or legal guardian present.
- This “Permission to Treat a Minor” form is valid only for the dates listed below.
- In certain circumstances, in accordance with State and Federal laws, parent/legal guardian permission may not be needed for adolescents being seen for concerns of “heightened sensitivity” such as STD testing, family planning, pregnancy, etc.

**Minor’s Name:** \_\_\_\_\_

**Minor’s Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>Complete this box if giving permission to an entrusted adult</b>
I grant permission to: _____ (print the name of the adult into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment at Macomb Physicians Group, PLLC for the following dates: _____ _____ (these dates indicate when this form is valid).

<b>Complete this box if giving permission for treatment with NO ADULT PRESENT</b>
<b>Please Initial:</b> <input type="checkbox"/> We/I are authorizing the minor to seek and consent to treatment with no adult present.

We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relation to patient (documentation may be requested):** \_\_\_\_\_

**\*\*\*A copy of the parent/legal guardian’s driver’s license must accompany this form. The insurance card and co-pay (if applicable) must be presented at the appointment in order to be seen.\*\*\***

<b>In case of Emergency, I can be reached at:</b>		
Home	Work	Cell
Phone: ( ) _____	Phone: ( ) _____	Phone: ( ) _____