

**Bloomfield Pediatric Care
43205 Woodward Ave.
Bloomfield Hills, MI 48302
248-451-0600**

**PERMISSION TO TREAT A MINOR
WITHOUT A PARENT/GUARDIAN PRESENT**

Bloomfield Pediatric Care must receive permission from a child's parent or legal guardian before providing treatments for an injury or illness that is non-life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment. If the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this information, we will attempt to contact you to request permission to treat your child. This form will need to be sent to us immediately.

Note:

A parent/legal guardian must attend a minor's first visit and all well visits with Bloomfield Pediatric Care. A new "Permission to Treat a Minor" form is required for each visit that a minor will be seen without his/her parent/legal guardian.

In certain circumstances, in accordance with State and Federal laws, parent/guardian permission may not be needed for adolescents being seen for concerns of "heightened sensitivity" such as STD testing, family planning, mental health, etc.

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____ **TODAY'S DATE:** _____

I grant _____ (an adult into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment at Bloomfield Pediatric Care on _____ (date).

Please send the insurance card and co-pay (if applicable) to the appointment.

If the visit will not be covered by insurance, a payment of \$75 is needed at the time of the visit

Name of Health Insurance Carrier: _____

Group Number: _____

Subscriber ID: _____

In case of emergency, I can be reached at:

Home phone: _____ Cell phone: _____

Work phone: _____ Other: _____

Signature: _____ Date: _____

Relation to patient: _____