



Family Healthcare, P.C.  
363 Fremont Street, Suite 203  
Battle Creek, MI 49017-3336  
269.969.6123 Telephone  
269.969.6122 Facsimile  
www.dayonehealthcare.com

## CONSENT TO EXAMINE & TREAT A MINOR

I \_\_\_\_\_ GIVE CONSENT FOR MY CHILD, \_\_\_\_\_, TO BE TREATED AND BROUGHT TO APPOINTMENTS BY.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I AFFIRM THAT I HAVE THE LEGAL RIGHT TO CONSENT TO THIS

THIS CONSENT IS BINDING UNTIL YOU RECEIVE ACTUAL NOTICE THAT THIS CONSENT IS REVOKED BY MYSELF OR ANOTHER PERSON WHO HAS THE RIGHT TO SIGN OR REVOKE THIS FORM.

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF LEGAL GUARDIAN

\_\_\_\_\_

WITNESS TO SIGNATURE