

Consent to Treat Minors

Relationship to minor	Phone Number
Patient/Guardian Signature	Date
services.	
Shore Women's Health Care to provide medical d	liagnostic and treatment
If medical treatment is required, I hereby give my	consent and authorize South
Minor Name	Date of Birth
will attempt to contact the parent/guardian, but	it may lead to a delay in care.
under the age of 18. If a minor requests care and	no consent is on file, SSWHC
emergencies or exemptions under the law). Pleas	e fill out this form if your child is
parental consent before treating minors in the clir	nic (except in the case of
In accordance with Michigan law, South Shore W	omen's Health Care requires