

## **Consent to Treat Minor**

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