

Authorization for Treatment of a Minor

Today's Date:

I hereby give my permission to Okemos Allergy Center, P.C. to provide medical care, test/evaluate and administer any necessary medications, to my child in my absence.

I HAVE BEEN ADVISED AND WILL GUARANTEE THAT THE INDIVIDUAL(S) WHO BRING MY CHILD IN FOR CARE MUST BE PRESENT IN THE OFFICE DURING THE DURATION OF THE VISIT.

I give permission for the following individuals to bring my child in for care in my absence.

Name	Relationship
_____	_____
_____	_____
_____	_____

Patient: _____ Date of Birth: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Witness Signature: _____

This authorization will remain in effect until revoked in writing by the parent or legal guardian.