

Brighton Pediatric Center

8550 W. Grand River Ste 300

Brighton, MI 48116

Phone: 810-220-3700

Fax: 810-220-1321

Permission to Treat a Minor

I (We) _____ authorize Brighton Pediatric Center
Print name(s) of legal guardian(s)

and its personnel to deliver medical services to my child(ren):

print child's name and date of birth

print child's name and date of birth

print child's name and date of birth

print child's name and date of birth

I (We) authorize the following people to bring my child(ren) in for treatment:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Legal Guardian

Date

Relationship to patient:

Parent Emergency phone number

