



Consent for Treatment of a Minor

Michigan law requires patients under age 18 to have parental/guardian consent before receiving medical care, except in emergencies and for certain sensitive services. Parents/guardians of minors should complete this form to expedite the process, as **lack of consent may delay treatment** except in emergencies. In addition, University Health Service will attempt to contact a parent/guardian when a minor presents for care.

I consent to University Health Service providing health care for:

Minor name: _____
 Last, first and middle Date of birth (mm/dd/yyyy)

Parent/guardian name: _____

Relationship to minor: _____ Best daytime phone(s): _____

Signature: _____ Date: _____

Other parent/guardian name: _____

Relationship to minor: _____ Best daytime phone(s): _____

Signature: _____ Date: _____

Return this form by Mail: University Health Service
 HIMS-Forms
 207 Fletcher Street
 Ann Arbor, MI 48109-1050
Fax: 734-936-3063

For more information Call: 734-764-8320

For Notice of Privacy Practice, see www.uofmhealth.org/protecting-your-privacy-hipaa

For Health Service Use Only

Attempts to obtain consent:

Call to: _____ Date & time: _____ Result: _____

Call to: _____ Date & time: _____ Result: _____

Verbal parent/guardian consent was obtained:

By me By another person: Name: _____
 Role: _____
 Best daytime phone(s): _____

NPP was offered by: Paper Website www.uofmhealth.org/protecting-your-privacy-hipaa

Printed staff name: _____ Signature: _____ Date: _____

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