

Capital Internal Medicine Associates, P.C.

*A New Beginning OB/GYN *CIMA Breast Center
*CIMA Main Office * Haslett Primary Care *Mount Hope Clinic
*Williamston Primary Care

**3955 Patient Care Dr. Suite A
Lansing, MI 48911**

Phone: (517) 374-7600 Fax: (855) 505-8064

Parental Authorization for Delegated Consent to Medical Treatment

Child Information:

Childs Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip Code _____

Parental Contact _____ Contact Number _____

Authorized Individual: (Designated adult over the age of 18 authorized to bring minor child to appointments in my absence)

Name _____ Relation to Patient _____ Phone Number _____

The above named individual shall be authorized to consent to routine and/or emergency treatment for the above named child should it be required during my absence.

I give my permission for the individual (an adult over the age of 18) listed above to bring minor child to an appointment(s), if I am unable to be present at the time of the appointment.

This consent will be in effect until _____ day _____ 20_____. Unless earlier revoked by me.

This consent for caregiver treatment has no expiration and will be revoked upon written notice only.

In the event my child is 16 years of age or older to come to an appointment unaccompanied. Established care plans may continue. Any new treatment plan must be approved by me and summary of care must be given to my child at the visit.

This consent serves as permission for treatment by Capital Internal Medicine Associates, P.C. and all its affiliate offices. I acknowledge that parental consent is not required in emergency situations. I agree to accept financial responsibility for all services provided to my child in my absence.

Parent/Legal Guardian (Circle one) _____ Date _____

Witness _____ Date _____

The Group Health Plan within the Capital Internal Medicine Associates, PC Employee Benefits Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-517-374-7600.
Arabic	ملحوظة: برقم التصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا 1-517-374-7600