



Lansing Rehabilitation Services

Minor Consent to Treat Form

Patient Name: _____

Date: _____mm_____dd_____yyyy

When I/we, the undersigned / guaranteed parties known as parent(s) or legal guardian(s) of the minor listed above are not present, I/we authorize Lansing Rehabilitation Services to perform treatments to above patient listed with the following provisions.

- Clinician **Female** **Male** **Either**
- Can patient be seen without supervision in a private room?
 Yes **No**
- Does the patient require supervision in a private room?
 Yes **No**
- Does the patient require any special conditions for treatment?
 Yes **No**

{If YES is checked please provide explanation below}

I/we understand that, despite this consent, Lansing Rehabilitation Services, in its sole discretion, may decide **not to act on this consent, and instead require my presence during my child's treatment or care.** I/we also understand that either I/we may change the above chosen provisions at any time by initiating a new 'Minor Consent to Treat Form'.

Unless it is revoked sooner in writing, this consent remains in effect until my child is

{Check applicable}

- 18 years of age ←or→ Until the _____ of _____, 20_____

I/we known as Parent / Legal Guardian,

Signature: _____

Date: _____mm_____dd_____yyyy

Emergency Phone: () _____ - _____