34301 23 Mile Rd., Ste. 100
New Baltimore, MI 48047
Phone: (586)725-1770
Fax: (586)725-4080

Authorization for Consent to Medical Care for Minors

Thank you for choosing Bay Area Family Physicians, PC to care for your child. If your child will be attending their office visit, testing, or physical therapy unaccompanied by a parent or guardian, please fill out this form prior to that date of service. By signing this form you are allowing your child to receive treatment in our office.

Patient's Name:_____

Patient's Date of Birth:_____

Parent/Guardian's Name:_____

Parent/Guardian's Phone #:_____

Emergency Contact Name:_____

Emergency Contact Relationship:_____

Emergency Contact Phone #:_____

Insurance Company:_____

Contract #:_____Group #:_____

Policy Holder's Name:_____

I agree that the above information is correct to my knowledge. By signing this form I am allowing Bay Area Family Physicians to treat my child without a parent or guardian present.

Parent/Guardian
Signature:_____Date:_____