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[www.baysideallergy.net](http://www.baysideallergy.net)

## CONSENT FOR MEDICAL AND/OR EMERGENCY TREATMENT OF A MINOR

This form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This form gives authority to a designated adult to arrange for and consent for medical care for a minor at Bayside Allergy, PC.

Child/Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Alternate Contact and Phone #: \_\_\_\_\_  
(In case of an Emergency)

In the absence of the parent/legal guardian the following people are authorized to bring this minor/child for Medical Treatment and consent to any necessary treatment or testing that is part of their care at Bayside Allergy, PC. The parent/Guardian has the right to revoke this consent in writing at any time.

Name \_\_\_\_\_ Relationship to Child/Minor: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child/Minor: \_\_\_\_\_

### Signatures

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_ Policy/Contract# \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*(Please include a copy of the medical insurance card if possible)

Medications that Child/Minor is currently taking: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_