



CRYSTAL LAKE HEALTH CENTER

www.crystallakeclinic.com

CONSENT TO TREAT MINOR CHILDREN

This signed consent form should be brought with the child to the clinic where the child is taken for treatment or an appointment when a parent/guardian is not available.

Please print all information

I, _____, as parent(s) or legal guardian of _____, a minor age _____, who's birth date is _____, do hereby authorize the following adult(s) _____ to act in my/our behalf in authorizing medical treatment for the above named minor during the period listed below.

This authorization is effective from: _____ to _____
Date Date

X

Signature of Parent or Legal Guardian Print Name Date

X

Witness Signature Print Name Date

Parents/Guardian may be reached at

Father: Home Phone Cell/Work/Other

Mother: Home Phone Cell/Work/Other

If the above listed minor is not a current patient of Crystal Lake Clinic the following medical information should be provided: Allergies, chronic diseases/medical problems, and any medication or over the counter medications.

Main Office- Benzonia Clinic

6227 Frankfort Hwy.
Benzonia, MI 49616
(231) 882-9661

Elk Rapids Clinic
124 Ames Street
Elk Rapids, MI 49629
(231) 264-8282

Manistee Clinic
2198 US 31 South
Manistee, MI 49660
(231) 723-3567

Acme Clinic

6170 US 31 N.
Williamsburg, MI 49690
(231) 642-5556

Frankfort Clinic
826 Forest Ave.
Frankfort, MI 49635
(231) 352-5285

Manton Clinic
115 7th Street
Manton, MI 49663
(231) 824-4100

Bear Lake Clinic

8225 Lake St.
Bear Lake, MI 49614
(231) 864-3314

Interlochen Clinic
1975 Stirling Dr.
Interlochen, MI 49643
(231) 275-7965

Traverse City Clinic
1225 W. Front Street
Traverse City, MI 49684
(231) 922-0667

Chums Corners

4025 Chums Village Drive
Traverse City, MI 49685
(231) 642-5560

Kingsley Clinic
2283 M-113 East
Kingsley, MI 49649
(231) 263-0700