



Lansing Urgent Care Authorization to Treat Minor

Name of Child/Minor

Lansing Urgent Care, PLC

Name of Clinic

As the parent/guardian of the above-named child/minor, I hereby give permission to healthcare providers of the clinic named above to treat the child/minor in the event that a medical issue arises and I am unable to personally consent to the treatment. I also agree to be responsible to the physician, clinic, lab and all other ancillary service providers for charges incurred relating to medical services rendered.

Parent or Guardian's Signature

Date

**Instructions: Please fill out the above form and have the child
bring with them to their visit
OR
FAX COMPLETED FORM TO 517.333.9201**