

DELTON MEDICAL CENTER

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Joseph C. Roth, D.O.
Board Certified Family Practice

John D. Kehl, PA-C
Physicians Assistant - Certified

Consent to Examine and Treat a Minor

I, _____, do hereby consent and authorize the below named physician and/or such assistants or designees as may be selected by him/her to examine (including pelvic examination) and treat my _____ (relationship), named _____.

I affirm that I have legal right to consent to this. I have provided a copy of a current Michigan driver's license or photo identification with this completed form.

This consent is binding until you receive actual notice that this consent is revoked by myself or another person who has the right to sign or revoke this form.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me or my _____ as to the results of the examination and treatment.

Date

Signature of Legal Guardian

Witness Signature