



Patient Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Consent for Medical Treatment of a Minor Child Without Parent/Guardian Present

This is a legal document and is required for a minor to be seen without a parent/legal guardian present. Unless this signed document is on file, minors must have a legal guardian present for all visits to Schoolcraft Memorial Hospital (including all its facilities) ("Schoolcraft"), or they will be asked to reschedule their appointment. All patients under 18 years of age must have a Parent or legal guardian present during their *initial visit to establish care*. Schoolcraft reserves the right to cancel or reschedule any appointment until the parent or legal guardian is with the minor if it is deemed to be in the best interest of the minor patient or is required by law.

**In addition to this form being signed and filed in the patient's chart, the parent(s)/legal guardian(s) will be contacted by phone to confirm verbal consent on the day of each unaccompanied visit.** The parent or legal guardian must be able to be reached to provide this verbal confirmation before the child will be seen. If the parent or legal guardian is not able to be contacted on the day of the patient's visit, the visit will be rescheduled.

This consent will give the minor patient authority to consent to all treatments, including xrays/imaging, blood draws, immunizations, mental health and other therapies, non-genetic testing, and non-invasive procedures/treatments, *other than* invasive surgeries and other procedures and the following: \_\_\_\_\_  
[if blank, no other exceptions]. A summary of the risks and benefits related to routine blood draws is attached hereto as Exhibit A.

I hereby grant Schoolcraft and its providers at any of its facilities permission to treat my minor in accordance with this consent when they arrive unaccompanied. This consent will expire in one year from the date signed. The parent/guardian of the minor patient may also rescind this authorization at any time.

TELEMEDICINE: Minor patient and their parent/legal guardian understand that in connection with this consent minor patient may receive care through telemedicine services. The limitations of a telemedicine visit include the possibility of not being able to detect conditions found during a complete physical exam. Furthermore, telemedicine visits may experience technical difficulties causing loss of connection or interruption.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (MM/DD/YYYY)

The parent(s)/legal guardian(s) understand that they will give verbal consent via phone call prior to the visit. This phone call will be documented in the patient chart by clinic staff.

If hard copy of the document is used at the time of visit, the staff obtaining verbal consent will sign below and have the document scanned into the patient chart.

\_\_\_\_\_  
Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (MM/DD/YYYY)

**Exhibit A**  
**Risks and Benefits of Routine Blood Draws**

Below is a non-exhaustive list of the risks and benefits associated with routine blood draws:

**Benefits:**

- Early disease detection/diagnosis
- Monitoring chronic conditions
- General health check
- Checking treatment effectiveness
- Identifying treatment side effects

**Risks:**

- Minor discomfort/pain
- Bleeding
- Bruising
- Swelling
- Dizziness/Fainting
- Infection – this is very rare