



## Lansing Urgent Care Authorization to Treat Minor

\_\_\_\_\_  
Name of Child/Minor

\_\_\_\_\_  
Date of Birth

Lansing Urgent Care, PLC

Name of Clinic

I hereby authorize \_\_\_\_\_ to seek medical attention for the above-named 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.

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.  
mm/dd/yyyy mm/dd/yyyy

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

**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**

Frador Clinic  
505 N. Clippert St.  
Lansing MI 48912

Okemos Clinic  
2289 W Grand River Ave.  
Okemos MI 48864

Westside Clinic  
4440 W. Saginaw Hwy.  
Lansing MI 48917

Southside Clinic  
320 E. Jolly Road  
Lansing MI 48910

Dewitt Clinic  
12970 Old. U.S. 27  
Dewitt, MI 48820

Ph: 517-999-CARE (2273)

Fax: 517-333-9201

[www.LansingUrgentCare.com](http://www.LansingUrgentCare.com)