



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

505 N. Clippert St.
Lansing MI 48912

2289 W Grand River Ave.
Okemos MI 48864

4440 W. Saginaw Hwy.
Lansing MI 48917

320 E. Jolly Rd.
Lansing MI 48910

12970 Old. U.S. 27
Dewitt MI 48820

16945 Marsh Rd.
Haslett MI 48840

Ph: 517-999-CARE (2273)

Fax: 517-333-9201

www.LansingUrgentCare.com