



102 S. Lakeview Ave. Sturgis, MI 49091

Dr. Trevor Neal, Dr. Christopher Bussema,
Dr. Kathleen Bickle & Dr. Robert Monfore

Consent to Treat

(For **NON-PARENT** caregivers of minor children when a parent is not present.)

(Childs Name) _____ **(Date of Birth)** _____

I/we authorize _____ who is _____

(Name of adult who is the NON-Parent) **(grandparent, aunt/uncle, etc.)**

to the child and a caregiver to this child to consent to any examination, x-ray, medical or surgical diagnosis, injections, or treatment to be provided to said child when such services are recommended and supervised by Physicians and Staff at Advanas Foot and Ankle Specialists. I/we authorize Advanas Foot and Ankle Specialists to call in, at their discretion, any necessary consultants.

I understand that, despite this consent, Advanas Foot and Ankle Specialists, in its sole discretion, **may decide not to act on this consent**, and instead require my presence during my child’s treatment and care.

I also understand that **I am financially responsible** for any co-pays and charges not covered by my insurance which are incurred as a result of this consent for treatment and care.

Unless it is revoked sooner in writing, this consent remains in effect until my child is...

18 Years Old until the _____ of _____, 20_____

Parent/Legal Guardian Phone #: _____

(Parent/Legal Guardian Signature) _____ **(Date)** _____

(Witness Signature) _____ **(Date)** _____