



102 S. Lakeview Ave. Sturgis, MI 49091

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)** \_\_\_\_\_