



Steven V. Stryk MD

Emily T. Wang MD

CONSENT BY PROXY FOR NON-URGENT MEDICAL CARE FOR MINOR

This authorization expires 12 months from the date signed unless previously revoked

Patient Name: Birth Date: Chart #:

CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me (us) regarding the health care of my (our) children at the following telephone number(s). If you are unable for any reason to contact me (us), you may rely on the proxy decision maker for consent.

Parent's Name: Daytime Phone: Evening Phone: Cell Phone: (repeated for two parents)

LIMITATIONS

Identify any limitations on the kinds of medical services for which this Consent by Proxy is given. If none, state "none".

Identify any limitations on the time frame for which this Consent by Proxy is given. If none, state "none".

PROXY

I (we) appoint (name) (address) who is my (our) child's (specify nature of proxy's relationship to child)

As my (our) proxy decision maker for consenting to non-urgent medical care for my (our) child listed below. I (we) have the legal right to delegate such consent to the proxy decision maker who is an adult (18 years of age or older), and legally and medically competent to exercise the authority to delegate. Be advised that protected patient health information may be shared with the proxy to facilitate informed decision making. I understand that the Proxy named here must show picture ID to prove identity, before my minor dependent will be seen and/or treated in the Clinic/Shot Room.

CONSENT

I understand that I may revoke this Consent by Proxy at any time by submitting written notification to the Canton Office at the address listed below.

Signature: Date: Patient / Parent / Legal Guardian if Minor

WITNESS - Canton Asthma/Allergy Employee: Title:

IF NOT SIGNED IN FRONT OF A CANTON ASTHMA/ALLERGY EMPLOYEE, THIS CONSENT MUST BE NOTARIZED AND BEAR A RAISED SEAL

NOTARY INFORMATION

Signature of Notary: Date:

My Commission Expires: License #:

CANTON OFFICE
1600 S Canton Center Rd, #360
Canton, MI 48188
Tel: 734/394-2661

NOVI OFFICE
39475 Lewis Drive, #140
Novi, MI 48377
Tel: 248/474-9661