



Little Traverse Bay Bands of Odawa Indians
Health Department
1260 Ajijaak Ave. Petoskey, MI 49770
Telephone: 231.242.1700

Consent for Treatment of a Minor Child

I _____, give LTBB of Odawa Indians Health Department
(Parent/Guardian name)

permission to treat my child, _____
(Child's name)

while I am not present. The individual bringing my child to the appointment is named:

(Adult accompanying child)

and is at least eighteen years of age.

I also give this individual permission to make decisions regarding my child's medical/dental treatment in consultation with the providers and/or if an emergency should arise while at the LTBB Health Department.

Authorization:

Parent/Legal Guardian Name: _____

Phone: _____

Address: _____

**This authorization shall be effective until: _____ or until
revoked.**

Signature of Parent/Guardian

Date: