

Mackinaw Trail Pediatrics

Specialists in Children's Healthcare



Consent for Care

_____PHONE CONSENT (must be witnessed by two MTP staff members)

I (person giving consent) _____

(home phone) _____ (work phone) _____

Authorize _____ (person bringing child in for care)

to have my child / children: _____

_____ cared for at Mackinaw Trail Pediatrics.

This release includes the following:

_____Medication Pick-Up _____Phone Advice _____Test Results _____Medical Records

_____Immunizations, injection of medication or administration of medication.

_____All of the above

For the period of:

_____On my behalf for the following date _____until _____

_____Today Only _____

_____Until Further Notice

I understand that consent allows my child to be seen by Mackinaw Trail Pediatrics employees to be evaluated and cared for as medically necessary.

Parent/Guardian: _____ Date: _____

MTP Witness: _____ Date: _____

MTP Witness for Phone Consent: _____

**Elizabeth Rzepka-Alto, M.D. Angela Trucks, M.D. Megan Santangelo, M.D. Cecilia Dietrich, M.D.
Chelsea Kirby, M.D. Mary Blackmer, MSN, FNP Chelsey Downer, FNP Cheryl Bennett, FNP**

**7917 Mackinaw Trail, Cadillac, MI 49601
(231) 779-9700 ~ Fax (231) 779-9765
www.mackinawtrailpediatrics.com**