



# Little Traverse Primary Care

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## AUTHORIZATION FOR EXAMINATION/TREATMENT OF A MINOR

Important: All blanks MUST be filled in

Patient: \_\_\_\_\_

Birthdate: \_\_\_\_\_

I \_\_\_\_\_ give Little Traverse Primary Care and its associates  
(please print name of parent giving permission)  
permission to evaluate my minor child \_\_\_\_\_ ,

from this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_  
to the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_ in their office.

### I authorize Little Traverse Primary Care and its associates to:

(check one option only)

\_\_\_\_\_ Evaluate (only perform a physical examination pertaining to the problem at hand)

\_\_\_\_\_ Evaluate **and** treat the current condition(s), including the performance of the following procedures/tests/labs (check applicable):

- \_\_\_\_\_ X-rays
- \_\_\_\_\_ Injections (i.e. antibiotics and steroids)
- \_\_\_\_\_ Immunizations (as needed and directed by the Michigan's state recommendations)
- \_\_\_\_\_ HPV immunization- Gardasil
- \_\_\_\_\_ Suturing ("stitches")
- \_\_\_\_\_ Casting/splinting
- \_\_\_\_\_ Lesion removal
- \_\_\_\_\_ Foreign body removal
- \_\_\_\_\_ Nebulizer treatments
- \_\_\_\_\_ Prescribe and/or refill medications
- \_\_\_\_\_ Give samples of prescribed medication (if applicable/available)
- \_\_\_\_\_ EKG (electrocardiogram) or PFTs (pulmonary function studies)
- \_\_\_\_\_ Holter monitor or blood pressure monitor
- \_\_\_\_\_ Urine pregnancy test (Will be automatically done if child is a female between the ages of 12 and 17 and an xray is needed)
- \_\_\_\_\_ Labs (blood, urine, throat swab, nasal swab,etc.)

- If the patient is under 18 years of age, the patient's parent or legal guardian must sign and date the form, unless an exception exists under state or federal law. Please indicate your relationship:  
 Parent                       Legal Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_