CONSENT TO ROUTINE, NON-SURGICAL MEDICAL CARE and EMERGENCY MEDICAL/SURGICAL TREATMENT

State of Michigan Department of Health and Human Services

<table>
<thead>
<tr>
<th>Recipient ID No.</th>
<th>Date</th>
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<tbody>
<tr>
<td>Child Name</td>
<td>Birth Date</td>
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☐ Foster Parent, Institution or Agency  or  ☐ Approved Caregiver

Name

is licensed or approved by the Michigan Department of Health and Human Services to provide foster care for children and is authorized to secure routine, nonsurgical medical care and emergency medical or surgical treatment for the above named minor child while placed in their care. Not included in this authorization are consents to: nonemergency elective surgery, psychotropic medications and/or clinical trials.

Authorized Signature

Title, Organization, or Relationship

Address  Telephone Number

MDHHS County Designee (Print)  Telephone Number

DHS-3762 (Rev. 9-15) Previous edition obsolete.
**Foster Parent/Caregiver:** Provide the DHS-3762 to all health care providers at the time of the appointment. Inform the doctor/dentist office that the child is in foster care when making appointments. If this is a new placement and you have not yet received the name and contact information of the assigned caseworker, please contact the MDHHS County Designee listed on the front of this form.

**Health Care Provider:** If you are in need of additional information regarding this foster care child/youth, please contact the MDHHS County Designee listed on the front of this form.