

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

State of Michigan Department of Health and Human Services

|  |            |
|--|------------|
| Recipient ID No.   | Date       |
| Child Name   | Birth Date |
| <input type="checkbox"/> Foster Parent, Institution or Agency   or <input type="checkbox"/> 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 |

**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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.