

A.B.C. PEDIATRICS, LTD.

1247 Rickert Drive, Suite 101
Naperville, IL 60540

PHONE 630-355-0003 FAX 630-355-9822

AUTHORIZATION FOR TREATMENT OF MINOR CHILDREN

This authorization allows adults other than parents or legal guardians to bring children in for medical care at A.B.C. Pediatrics, Ltd. with a parent's or legal guardian's signature. Please list all children to whom this authorization should apply:

Child's Full Name Date of Birth

CHOOSE EITHER PART A OR PART B

PART A: Any and All Medical Care

I authorize:

- 1. _____ OR
Print name Relationship to Patient
- 2. _____
Print name Relationship to Patient

to bring my child/ren listed above to A.B.C. Pediatrics, Ltd. for any and all medical care without my express prior authorization. This authorization applies to immunizations, well physical examinations, and medical treatment for illness or injury as deemed necessary by the above named person(s) and A.B.C. Pediatrics, Ltd.

PART B: Only Specific Medical Care

I authorize:

- 1. _____ OR
Print name Relationship to Patient
- 2. _____
Print name Relationship to Patient

to bring my child/ren listed above to A.B.C. Pediatrics, Ltd. for **only** the following medical care without my express prior authorization: (check all that apply)

- Only treatment of an illness Only treatment of an injury
- Well physical examinations and immunizations Allergy injections
- Only immunizations Mental Health Treatment (Incl. ADHD, ADD, And RX refill requests)
- Other (please specify) _____

I understand that this authorization is valid only for one year from the date of signature.

Signature Date