

A.B.C. PEDIATRICS, LTD.

**1331 W. 75th Street, Suite 300
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

I authorize:

- | | | | |
|----|------------|-------------------------|----|
| 1. | _____ | _____ | |
| | Print name | Relationship to Patient | OR |
| 2. | _____ | _____ | |
| | Print name | Relationship to Patient | |
| 3. | _____ | _____ | |
| | Print name | Relationship to Patient | OR |
| 4. | _____ | _____ | |
| | Print name | Relationship to Patient | |

to bring my child/ren listed above to A.B.C. Pediatrics, Ltd. for medical care without my express prior authorization.

Please list any limitations on the kinds of medical services/treatment for this authorization. If none, please write "NONE."

I understand and agree that the signatures on this form **will not expire without written notice.**

Signature

Date

Printed Name