

Parental Consent for Medical Treatment of Minor

When parents cannot be present at the time of their child's appointment, it is the policy of Lincoln Park Family Physicians, S. C. that no child under the age of thirteen will be treated in the office without a designated adult chaperone present.

Children between the ages of thirteen and eighteen who will be coming to the office alone must either have a signed or verbal consent form on file prior to being treated.

Please check one option:

My child under the age of eighteen will be coming to the office with a designated Adult Chaperone.
(Complete sections 1, 2, 3, 4, and 5)

My child between the ages of 13 and 18 years will be coming to the office by themselves.
(Complete sections 1, 2, 3, and 5)

(1) I _____ on this day only _____
Parent/Legal Guardian's Name *Today's Date*

do hereby grant permission for my child _____
Child's Name

to receive medical treatment in the event that I am not present or available. Such medical care is to be rendered to said child under the care, supervision, and advice of a physician or other medical care provider licensed to practice medicine in the state of Illinois. I agree to pay for all services provided to my child in my absence.

(2) Child Information:

Name: _____ DOB: _____

Address: _____ Phone _____

(3) Parent/Legal Guardian Information:

Name: _____ DOB: _____

Address: _____ Phone _____

(4) Adult Chaperone Information:

Name _____ DOB: _____

Address: _____ Phone _____

(5) Signatures:

Parent/Legal Guardian/Date

Adult Chaperone/Date

OFFICE USE ONLY

Verbal Witness #1/Date

Verbal Witness #2/Date