

DUPAGE PEDIATRICS, LTD

NAZNEEN ATHER, D.O.
HUNTER EASON, M.D.
JENNIFER L. HALL, M.D.
DEEPA M. JOSEPH, M.D.
ANITA L. KEWALRAMANI, M.D.
STEPHANIE H. SAGE, D.O.

Authorization for Medical Treatment of a Minor

I, the parent or legal guardian of _____ born
(child's name)

_____, a minor, do hereby appoint
(birth date)

_____ to act on my behalf, in the event I cannot be
(name of person(s) authorized to bring child - parents/legal guardians do not need to be listed)

contacted to authorize necessary medical treatment while said minor is under his/her

care beginning on _____ and ending on _____.
(start date) (ending date, can leave open ended)

I will be responsible for paying costs associated with such treatment. Said minor's insurance

coverage is with _____ under identification number
(company) _____ and group number _____.

DuPage Pediatrics, Ltd. (phone -630-810-0900, fax-630-810-0937) is the minor's pediatrician.

Your Signature

Your Name

Your Relationship to Child

Your Home Address, City, State, Zip Code

Your Home Phone Number

Your Cell Phone Number

Other Emergency Contacts and Phone Numbers