



BARRINGTON
 Orthopedic Specialists
"Specializing in You"

PARENT/GUARDIAN AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT OF A MINOR

Child/Minor

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent(s)/Legal Guardian(s):

Parent/Legal Guardian #1:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____

Parent/Legal Guardian #2:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____

PARENT/GUARDIAN AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT OF A MINOR

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

Schaumburg Office
 929 West Higgins Road
 Schaumburg, IL. 60195

Elk Grove Village Office
 120 East Higgins Road
 Elk Grove Village, IL. 60007

Bartlett Office
 864 West Stearns Road
 Bartlett, IL. 60103

Buffalo Grove Office
 404 North McHenry Road
 Buffalo Grove, IL. 60089

847.285.4200
www.BarringtonOrtho.com



Walk-In Orthopedic Clinic

Monday – Friday : 6:00 pm – 9:00 pm
 Saturday : 1:00 pm – 4:00 pm

847.285.4250



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I, the undersigned, do hereby affirm and represent that I am the parent/legal guardian of the aforementioned minor child. On behalf of the minor child, I hereby consent and authorize Barrington Orthopedic Specialists (hereafter "BOS") to provide reasonable and necessary medical treatment to the minor child, including necessary examinations, X-rays, or other reasonable diagnostic services, and to provide follow-up services as may be required following the examination and treatment for an initial medical condition described as follows:

Description of Condition/Injury

The aforementioned Authorization and Consent shall remain in effect until it is otherwise withdrawn by the parent/legal guardian or until the reasonable and necessary medical treatment for the above described medical condition has ended. By executing this Consent and Authorization, the parent/legal guardian expressly authorizes BOS to provide subsequent, reasonable, and necessary medical care to the minor child without the parent/legal guardian being present on the dates of subsequent visits where the subsequent treatment is directly related to the above described medical condition.

Signed this _____ day of _____, 20 ____.

Parent/Legal Guardian

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Elk Grove Village, IL. 60007

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