ABC PEDIATRICS

6750 Calumet Ave Hammond, IN 46324

PHONE 219-803-0311

FAX 219-803-0217

AUTHORIZATION FOR TREATMENT OF MINOR CHILDREN

This authorization allows adults other than parents or legal guardians to bring children in for medical care at ABC Pediatrics 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	
to bring my child/ren listed above to ABO prior authorization. This authorization appreciate treatment for illness or injury as I understand that this authorization is valid	oplies to immunizations, well physical edeemed necessary by the above named	examinations, and person(s).
Signature	Date	