



**ILLINOIS BONE AND JOINT INSTITUTE, LLC**

**Lake Shore Orthopaedics**

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**PARENT/LEGAL GUARDIAN CONSENT  
FOR TREATMENT OF A MINOR PATIENT**

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Acct No: \_\_\_\_\_

DOB: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Treating Physician: \_\_\_\_\_

As the parent of \_\_\_\_\_, I \_\_\_\_\_,  
*Child's Name* *Parent/Legal Guardian Name*

am unable to bring my child to the doctor's appointment scheduled on the date noted above.

I am providing authorization for:

\_\_\_\_\_  
*Name of Person Accompanying Minor Patient* *Relation*

to accompany my child to the doctor's visit and allow the treating physician to render recommended care in my absence.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*