



1916 W. Irving Park Rd.
Chicago, IL 60613
(773) 477-4900
(773) 477-1510 - fax

SPECIAL PARENT / GUARDIAN CONSENT

(A)

Please indicate below the name, relationship and phone number of the person who you would select to bring in you child(ren) to the clinic in the event that you would not be able to do so.

The person who will bring your child(ren) to the clinic must be an adult and has a valid photo ID, which should be presented to the receptionist at arrival.

1) Name: _____

Relationship: _____

Telephone #: _____

2) Name: _____

Relationship: _____

Telephone #: _____

3) Name: _____

Relationship: _____

Telephone #: _____

Parent/Guardian Signature: _____

Date: _____

(B)

I do not authorize anyone to bring my child(ren) to the clinic in my absence

I may review this decision in writing at a later date, if I so choose.

Parent/Guardian Signature: _____

Date: _____

