

Suburban Pediatrics

9000 Waukegan Rd., Ste 240
Morton Grove, IL 60053
(847) 296-8127

ALLOW OTHERS TO BRING MY CHILD IN - CONSENT FORM

I, _____, parent/guardian of «Firstname» «Lastname» - «DOB»
Parent/Guardian

give my consent on _____ to allow _____ to bring
Date Person Bring Child into SPL

my child/children to SPL for the purpose of receiving treatment/testing, medication,

immunizations, therapeutic injections, and/or any other procedures deemed necessary by the

physicians when I am not present.

Signature _____

Date _____