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**PERMISSION FOR TREATMENT OF PERSONS UNDER AGE 18 YEARS**  
**(MINORS)**

If the patient is a minor (under 18 years of age), you as a parent or legal guardian must sign this consent form so that the physician may carry out appropriate diagnosis and treatment. Without a signed permission for treatment, the physician will not treat your minor son/daughter unless an emergency exists or his/her presenting condition is exempted from requiring parental consent and/or notification by State of Illinois law. Even with a signed permission for treatment, the physician will contact and fully inform you as parent or legal guardian before performing any major diagnostic/treatment procedure except in an emergency.

*I give my permission to the physician to furnish such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter who is under the age of 18 years.*

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Print Minor's Name

Date

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Signature of Parent/Guardian

Relationship