



Regency Medical Center P.C.

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Consent for Treatment of a Minor
(PLEASE PRINT CLEARLY)

Name of minor: _____ Date: ____/____/____ Date of Birth: ____/____/____

I, _____, being the parent or legal guardian of _____, give my consent for medical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment by a licensed physician/physician's assistant and/or designees, including such office personnel as the physician may deem necessary. The minor named in this consent form may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, write "NONE"): _____
This consent serves as permission for treatment by REGENCY MEDICAL CENTER, P.C. and any licensed physician/physician's assistant and/or designees in its employment.

Authorized Caregiver Information- I hereby authorize the below named person as my agent(s) to consent to any x-ray examination, medical evaluation and/or treatment, immunization(s), diagnosis or care which is deemed advisable by and is to be rendered under the supervision of a licensed physician/physician's assistant.

Caregiver's Name Phone Number

Signature of Parent or Legal Guardian: _____
This authorization shall be effective until (max 30 days): ____/____/____ (Month, Day Year)

Medical Insurance Carrier

Primary Insured Name: _____
Insurance Address: _____
City: _____ St: _____ Zip: _____
Phone #: _____ Group #: _____
ID#: _____

Medical History

Allergies to Medications: _____

Chronic/Existing medical conditions (such as diabetes, asthma, ect.) _____

Current Medications: _____

Father/Legal Guardian Information

Name: _____
Name of Workplace: _____
Home phone: _____
Cell phone: _____

Preferred Providers:
Hospital Name: _____
Phone #: _____

Mother/Legal Guardian Information

Name: _____
Name of Workplace: _____
Home phone: _____
Cell phone: _____

Preferred Pharmacy: _____
Phone #: _____

Other Contact Person Information

Name: _____
Relation: _____
Home phone: _____
Cell phone: _____