

**SOUTHLAND**  
– ORTHOPAEDICS –

20060 Governors Drive, Suite 300, Olympia Fields, IL 60461 | 10, Orland Square Drive, Orland Park, IL 60602  
[www.southlandorthopaedics.com](http://www.southlandorthopaedics.com) | 708-283-2600

**PARENT/GUARDIAN AUTHORIZATION AND CONSENT FOR TREATMENT OF A  
MINOR**

**CHILD/MINOR**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_

Address of the Child/Minor: \_\_\_\_\_

**PARENT(S)/LEGAL GUARDIAN(S):**

*Guardian #1:* Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Guardian #2:* Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize that I am the parent/legal guardian of the minor child. On behalf of the minor child, I hereby consent and authorize Southland Orthopaedics to provide reasonable and necessary medical treatment to the minor child, including necessary examinations, X-rays, or other reasonable diagnostic services, and to provide follow-up services as may be required.

The Authorization and Consent shall remain in effect until it is otherwise withdrawn by the parent/legal guardian or until the reasonable and necessary medical treatment for the medical condition has ended.

By executing this Consent and Authorization, the parent/legal guardian expressly authorizes Southland Orthopaedics to provide subsequent, reasonable, and necessary medical care to the minor child without the parent/legal guardian being present on the dates of subsequent visits where the subsequent treatment is provided for the described medical condition.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date