

Lake Shore Pediatrics, Ltd. Authorization for Treatment

Lake Forest Office
900 N. Westmoreland, Suite 106
Lake Forest, IL 60045
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Fax: (847) 615-0730

Barrington Office
27790 West Hwy 22, Suite 36
Barrington, IL 60010
Ph: (847) 381-2428
Fax: (847) 381-4602

Libertyville Office
1800 Hollister Drive, Suite 220
Libertyville, IL 60048
Ph: (847) 362-5707
Fax: (847) 362-4615

I, _____ hereby authorize the following person(s):

- A) _____
- B) _____
- C) _____

to present my child(ren) listed below for treatment at **LAKE SHORE PEDIATRICS, LTD.** and be privileged to their private health information for the duration of this authorization.

- 1) _____
- 2) _____
- 3) _____

This authorization shall remain in effect unless we receive notification in writing revoking this statement.

Parent / guardian signature

Date