



*Family Care Associates of Effingham, S.C.*

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Effingham, Illinois 62401  
217-342-7000

[www.familycareassociates.com](http://www.familycareassociates.com)

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## AUTHORIZATION TO TREAT MINOR

\_\_\_\_\_  
Name of Child/Minor

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Physician

Family Care Associates of Effingham's policy requires all patients ages 15 years or younger to be accompanied by an adult over the age 18 years. Patients ages 16 or 17 years old may receive treatment without an adult, but there must be an authorization to treat on file.

As the parent/guardian of the above-named child/minor, I hereby agree to the terms of the policy and give consent to Family Care Associates of Effingham, S. C. to perform any diagnostic imaging, laboratory services, and/or administer any injectable medications or vaccinations that are deemed necessary. I give permission for treatment in the event that a medical emergency arises and/or I am unable to personally consent to the treatment. I also agree to be responsible to the physician for charges for medical services rendered.

\_\_\_\_\_  
Parent or Guardian's Name (Print Please)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

Colleen Bingham, M.D.   Jeffrey K. Brummer, D.O.   Michael G. Brummer, M.D.  
Jeffrey G. Crowell M.D.   Thomas Heischmidt, M.D.   Amanda Bierman, M.D.