PrimeCareHealth
COMMUNITY HEALTH CENTERS

# CONSENT FOR TREATMENT

I, _____, parent/legal guardian, give consent for the
*Parent/Legal Guardian Name (Printed)*

treatment of the individual named below:

_____, with a date of birth_____
*Patient Name (Printed)* *Patient's date of birth*

Treatment includes, but is not limited to, physical examinations, immunizations, and lab and/or diagnostic orders and testing, as determined by a medical or behavioral health provider at PrimeCare Community Health, Inc in my absence.

Individuals authorized to consent for treatment are listed below:

_____ _____
*Printed Name of Individual Authorized* *(Relationship to patient)*

_____ _____
*Printed Name of Individual Authorized* *(Relationship to patient)*

_____ _____
*Printed Name of Individual Authorized* *(Relationship to patient)*

This consent is valid until permission is withdrawn, in writing.

_____ _____
*Parent/Legal Guardian Signature* *Date*


**Health Centers**

**PRIMECAREHEALTH West Town**
1431 N Western Ave, Suite 406
Chicago, IL 60622
Tel: 312.491-5250
Fax: 312.491.5020

**PRIMECAREHEALTH Hamlin**
1920 N Hamlin Ave, Rm 101
Chicago, IL 60647
Tel: 773.772.7202
Fax: 773.772.7244

**PrimeCareHealth Fullerton**
3924 W Fullerton Ave
Chicago, IL 60647
Tel: 773.276.2299
Fax: 773.276.2190

**PrimeCareHealth Wicker Park**
1127 N Oakley Blvd, 2nd Fl
Chicago, IL 60622
Tel: 312.770.2040
Fax: 312.770.3270

**PrimeCareHealth Northwest**
1649 N Pulaski Rd
Chicago, IL 60639
Tel: 773.278.6868
Fax: 773.278-6922

**PrimeCareHealth West Town Dental**
1431 N Western Ave, Suite 401
Chicago, IL 60622
Tel: 773.269.5540
Fax: 773.269.5544

**PrimeCareHealth Belmont-Cragin**
5635 W Belmont Ave
Chicago, IL 60622
Tel: 773.736.1830
Fax: 773.736.1840

**Fr. Michael Michelini Center**
1431 N. Western Ave, Suite 209
Chicago, IL 60622
Tel: 312.491.5435
Fax: 312.491.5066