



Industrial Medical Associates, P.C.

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- 151 Lawrence Road E, N. Syracuse, NY 13212 (315) 458-1335 Fax (315) 458-1738
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## MINOR CONSENT FORM

### THIS SECTION TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN:

I hereby give my consent to Industrial Medical Associates, P.C., to examine and/or treat:

\_\_\_\_\_ on \_\_\_\_\_ including any x-rays, laboratory work,  
Patient's Name Date

injections and/or drug/alcohol screening that is required by: \_\_\_\_\_  
Employer Name

I understand that if this is a work related injury that this consent will remain in effect for all subsequent care related to this injury.

Printed Name of Parent or Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION TO BE FILLED OUT BY MINOR:

As the individual to be examined and/or treated, I hereby give my permission for medical information to be shared with my parent(s)/legal guardian:

\_\_\_\_\_  
Name(s)

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_