



Industrial Medical Associates, P.C.

- 961 Canal St., Syracuse, NY 13210 (315) 478-1977 Fax (315) 475-2909
- 3600 Brewerton Rd, Ste 9A, North Syracuse, NY 13212 (315) 458-1335 Fax (315) 458-1738
- North Utica Shopping Center, Utica, NY 13502 (315) 724-0306 Fax (315) 724-0371

MINOR CONSENT FORM

I hereby give my consent to Industrial Medical Associates, P.C., to

examine and/or treat _____ on _____
Patient's Name Date

including any x-rays, laboratory work, injections and/or drug/alcohol

screening that is required by _____.

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.

Signature: _____ Relationship: _____

Witness: _____ Date: _____

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: _____ Date: _____

Witness: _____