



Industrial Medical Associates, P.C.

- 961 Canal St., Syracuse, NY 13210 (315) 478-1977 Fax (315) 475-2909
- 151 Lawrence Road E, North Syracuse, NY 13212 (315) 458-1335 Fax (315) 458-1738

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: _____