



CONSENT FOR MINORS EXAMINATION AND TREATMENT

My minor dependent (my “Minor”) is to be examined and treated by a United Medical Associates, PC (“UMA”) employed, licensed health care provider (“UMA Providers”) by the **Seton Catholic Central School District** (the “District”).

I hereby voluntarily and freely consent to UMA Providers examining and treating my Minor. In consenting to those medical services described herein, I have not relied upon any representations by UMA, its affiliates or any other parties.

By signing below, I consent to my Minor being examined and treated by a UMA Provider as discussed herein. Also under penalty of perjury, I hereby affirm and specify that in my capacity as my Minor’s parent/guardian, I am authorized to make medical judgments on my Minor’s behalf without any other party’s consent or agreement.

Because the patient is a minor (under 18 years of age), I hereby give the above consent on my Minor patient’s behalf.

Parent’s/Guardian’s Name

Parent’s/Guardian’s Signature

Date

**UHS Medical Group
Executive Offices**

33-57 Harrison Street
Johnson City, New York 13790

UHS Binghamton General Hospital UHS Chenango Memorial Hospital UHS Delaware Valley Hospital UHS Wilson Medical Center
UHS Senior Living at Ideal UHS Home Care UHS Medical Group UHS Primary Care UHS Foundation

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