



## 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 **Binghamton City 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.

\_\_\_\_\_  
Minor’s Name

\_\_\_\_\_  
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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