



Consent for Care

**5802781 - Absent Parent/Guardian - Minor Appointment Permission Request**

I, \_\_\_\_\_ give my son/daughter permission to be seen and/or treated at UHS \_\_\_\_\_ without my presence.

Patient Presented with \_\_\_\_\_  
Self/Relative/Other

I can be reached at \_\_\_\_\_ for any further information.  
Phone Number

Patient Name: \_\_\_\_\_

Patient D.O.B.: \_\_\_\_\_

Medical Record # (Office Use Only): \_\_\_\_\_

Date of Visit: \_\_\_\_\_

***\* Please note that this permission request is good for one visit only.  
A new permission request must be obtained for each subsequent visit. In addition, this form is invalid for new visits, as a parent or guardian must be available to fill out necessary medical intake forms.***

I give permission for administration of any immunizations deemed necessary by the treating provider

\_\_\_\_\_  
Parent/Legal Guardian Signature                      Printed Name                      Date                      Time

Telephone Consent received and read back

\_\_\_\_\_  
Witness Signature                      Printed Name                      Date/Time

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UHS Delaware Valley Hospital • UHS Wilson Medical Center • UHS Senior Living at Ideal •  
UHS Home Care • UHS Medical Group • UHS Physician Practice • UHS Foundation

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