

INTERNAL MEDICINE PHYSICIANS ASSOCIATES, P.C.

Dr. Frank A. Agnone

Fax: (602) 252-6115

**CONSENT TO TREAT (TODAY ONLY)  
MINOR**

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

➤ **Consent for patient being brought to the office by someone other than the parent of legal guardian:**

I, the parent or legal guardian of \_\_\_\_\_ hereby give \_\_\_\_\_ permission to bring my child to the office today for an examination.

**Please be aware that immunizations and/or procedures cannot be performed without the parent or legal guardian's verbal consent.**

I will be available to give verbal consent to the administration of immunizations and/or and procedures at the following phone number(s):

1. ( ) \_\_\_\_\_

2. ( ) \_\_\_\_\_

➤ **Consent for a patient who is 16 years of age or older and coming to the office alone:**

I, the parent or legal guardian of \_\_\_\_\_ hereby give Internal Medicine Physicians Associates, P.C. permission to treat him/her without me being present.

**Please be aware that immunizations and/or procedures cannot be performed without the parent or legal guardian's verbal consent.**

I will be available to give verbal consent to the administration of immunizations and/or and procedures at the following phone number(s):

1. ( ) \_\_\_\_\_

2. ( ) \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_