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 Whitney Point 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