

TREATMENT TO MINORS

Many times parents find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some point be unable to accompany your child.

I hereby grant to Gary F. Cox, M.D. or any of the Physician Assistants, permission to treat my child, _____, when she/he arrives at the office unaccompanied by a parent.

Signature of Parent

Date