

CONSENT FOR EVALUATION/EXAMINATION OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, _____, being the parent or legal guardian of _____ give my consent to NYIT Academic Health Care Center, the nurse practitioners and other personnel on its medical staff, to administer such care, procedures, and treatment that is deemed necessary and in the best interest of the patient. As long as the medical treatment is considered necessary in the situation and is in accordance with generally accepted standard of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, so state)

Prior to prescribing treatment or referring your child / ward to an outside medical provider, NYIT will make every reasonable attempt to contact a parent or guardian.

Signature of Parent / Legal Guardian Date

Relationship to Patient