

Northern Valley Allergy Asthma & Sinus Center

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Consent for Treatment of a Minor Without a Parent or Legal Guardian Present

Patient Name: _____ Date: _____

Patient Date of Birth: _____

Minors under age 18 unaccompanied by a parent or legal guardian:

I, _____ understand that it is the policy of Northern Valley Allergy, Asthma & Sinus Center that minors under the age of 18 are to be accompanied to office visits or allergy shots by a responsible adult. If I am unable to accompany my child, I give permission for the following individuals to accompany them:

Signature of Legal Guardian

Print Name Legal Guardian