

CONSENT FOR TREATMENT OF MINOR

Coury Family Medicine

5424 E. Southern Avenue, Suite 101, Mesa, AZ 85206
1520 W. Guadalupe Rd. Suite 108, Gilbert, AZ 85233

Phone: 480-654-6200
Phone: 480-633-6200

Fax: 480-654-6214
Fax: 480-654-6214

I, _____ a legal guardian of _____
give permission for my child, who is under the age of 18, to be treated by the offices of Pete
Coury MD/Coury Family Medicine without myself being present. I authorize
_____ (who is over the age of 18) to bring my child into the office to
have medical treatment. I assume the responsibility of informing the above listed adult of any
allergies or adverse reactions to any medications my child may have.

Legal Guardian Signature

Date

Please be aware that a photo ID of the legal guardian must already be on file with the office for
this consent to be valid. If there is not photo ID on file, then a photocopy of the photo ID must
accompany this consent to be valid to treat the minor without the legal guardian present.