



**ADVANCED CENTER
FOR SPORTS &
MUSCULOSKELETAL MEDICINE**

Eric Sickinger, DO
41990 Cook Street, F1006
Palm Desert, CA 92211
760-636-1067

Consent For Minor To Be Seen Without Parent or Guardian

Date: _____

I, _____ give my permission for Dr. Eric Sickinger or his
associate to evaluate and treat my son/daughter _____ without
me being present.

Signature of parent or guardian: _____

Relationship to the patient: _____