

DERMATOLOGY ASSOCIATES
Notice to the Parents or Legal Guardians of a Minor

_____. The consent form you sign gives the physicians and staff of Dermatology Associates permission to treat your child. Without a signed consent form, we cannot legally treat a minor child.

If you are not the parent, but are the **legal guardian**, you will need to provide legal documentation that you are the legal guardian. This information will be kept in the child's chart.

Consent to Treat Minor

I authorize Dermatology Associates to treat and provide any healthcare services to my child that the provider deems necessary for treatment and/or diagnosis including biopsies. I also understand that, in the course of that treatment, photographs may be taken for clinical, commercial, or educational purposes.

Unaccompanied Minors

_____(Initials) I grant permission to treat and provide any healthcare services to my child that the provider deems necessary for treatment, if my child arrives at the office unaccompanied.

Minor Accompanied by Others

_____(Initials) If I am unable to accompany my child to the appointment, the below listed individuals have my permission to accompany my child. This agreement is required in order for the unaccompanied child to be seen and treated.

Parent/Legal Guardian Information

Name _____ SS# _____
Work# _____ Cell# _____ Home# _____
Date of Birth _____ Relationship _____

Name _____ SS# _____
Work# _____ Cell# _____ Home# _____
Date of Birth _____ Relationship _____

Other Individuals Allowed to Accompany My Child

Name _____ Relationship _____ Date of Birth _____
Name _____ Relationship _____ Date of Birth _____
Name _____ Relationship _____ Date of Birth _____

I further acknowledge that this consent will remain in effect until either I revoke it, in writing and delivered to you, or the minor reaches the age of 18 years.

Patient Name _____ Date of Birth _____

Parent/Legal Guardian Signature _____ Date _____

State Of _____)
County Of _____) SS: _____

In witness whereof I have hereunto subscribed my name and affixed my seal this _____ day of _____, 20____

My Commission Expires: _____
NOTARY PUBLIC