



Consent To Treat Minor Patient Without Parent Present

In order for us to treat a minor without a parent/legal guardian present, please complete this form and return it with a copy of the parent's/guardian's driver's license to My Dermatologist, P.A.

I, _____ (print name here) am the parent/legal guardian of _____ (print name of minor), currently a minor, whose date of birth is _____.

I authorize My Dermatologist, P.A. to provide medical care to my son/ daughter, including, but not limited to, diagnostic examinations (including laboratory testing), treatment procedures, and prescribing of medications as deemed appropriate by his/her physician.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

This consent will remain in effect for one year or until the patient reaches the age of eighteen unless revoked in writing to My Dermatologist, P.A.

By signing this, I acknowledge that I have read and agree to this consent and that any questions I had prior to signing were answered by My Dermatologist, P.A.

Payment for services is due the day of the appointment and can be made by cash, check, or credit card when checking out or in advance over the phone.

Printed name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Parent/Guardian Phone Numbers (circle preferred number):

Home

Work

Cell