



Dermatology Consultants, P.C.

General, Surgical, & Cosmetic Dermatology

Consent to Treat a Minor

It is the policy of Dermatology Consultants, P.C. that all minors seeking dermatologic treatment for the very first time or upon the onset of a new problem be accompanied by a parent/legal guardian.

After the initial appointment, a minor may be seen by Dermatology Consultants, P.C. for the same diagnosis with a parent or guardian present, upon completion of a *Consent to Treat a Minor* form is obtained. **A new problem will require the presence of a parent/legal guardian.** This form authorizes Dermatology Consultants, P.C. to evaluate and treat your child with your consent, as well as, process any insurance(s) claims for that date of service.

I authorize and give consent to Dermatology Consultants, P.C. for the medical treatment and evaluation of my child and process insurance(s) without the presence of a parent/legal guardian.

Patient Name: _____ Patient ID: _____

Age: _____ DOB: _____ Allergies: _____

Medical Conditions: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Relationship to Patient: _____

Emergency Contact Information: _____

Additional person to contact in the event the parent/guardian cannot be reached:

Person Name: _____ Contact Number: _____