



TREATMENT OF MINORS POLICY

This policy is effective in cases where a patient who is a minor (a person under the age of 18) is seeing evaluation and treatment but is not accompanied to an appointment by a parent or legal guardian. In such cases the minor patient, must present a signed authorization with the information listed below to obtain treatment; the minor must have been seen initially with a parent or legal guardian to consent in person to ongoing treatment.

The name of the Dermatologist/Provider treating the minor

_____, M.D.

_____, M.D.

The procedure that the parent is consenting to for the minor child (if applicable)

The printed name and signature of the parent or guardian

Effective Date/s for Consent

CONSENT TO TREATMENT OF A MINOR

I, _____, the parent/guardian of _____, do hereby authorize _____, M.D., to perform the following procedure(s) on my child:

Date of Birth _____ for _____, U.S. Citizen

This authorization is effective from: _____ to: _____

Parent/Guardian Name (Printed)

Date

Signature of Parent/Guardian

Contact Phone Number