



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 treating the minor
- Minor's Full Name
- Minor's Date of Birth
- 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 am the parent or legal guardian of _____ (Minor's Name), and I authorize,
_____ (Provider's Name), To treat _____,
Date of Birth _____ for _____ (Minor's Procedure).

This authorization is effective from: _____ to: _____

Parent/Guardian Name (Printed)

Date

Signature of Parent/Guardian

Contact Phone Number