



Consent for Medical Treatment of a Minor

Patient Name _____

Patient Date of Birth _____

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. A minor may be seen for treatment only with written authorization from the parent/ guardian under the conditions specified in the consent. If the parent/ legal guardian cannot attend the appointment, the following instructions that you select will be adhered to in the treatment of the minor patient:

Please initial each of the following items that apply:

_____ In the absence of a parent/guardian/appointed adult, I authorize the minor patient to sign any required consent forms for treatment of lesions requiring minor surgical procedures, biopsy, injections and the writing of all prescriptions. Any procedure performed by Gold Coast Dermatology Center requires that the patient or the parent/legal guardian/ appointed adult sign a separate consent form specific to that procedure prior to every treatment.

_____ A parent/ legal guardian may appoint another adult to accompany the minor patient to the appointment. I appoint the following adult, _____ to consent to medical care, which is deemed necessary by Gold Coast Dermatology Center as authorized herein. This adult's relationship to the child is _____.

I, _____, am the parent/ legal guardian of the minor child, _____. I have the legal right to consent for medical treatment for this patient. I hereby authorize Gold Coast Dermatology Center to evaluate and treat my child and provide medical treatment as indicated above. I understand that this consent will be valid for 12 months from the date signed unless revoked by me in writing.

Parent/ Guardian Name

Parent/ Guardian Signature

Date

Please attach a copy of your driver's license and insurance card.