

DERMATOLOGY Consent for Treating a Minor

If patient is a minor (under the age of 18), the parent or legal guardian must read, complete, and sign the following form:

This form is required to allow us to evaluate, treat, and bill for medical goods and services provided to a minor.

I consent to having Palo Alto Dermatology Institute conduct examinations and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor child noted below.

I am an adult who is the:

Parent: \_\_\_\_\_Mother Printed Name of Parent/ Father Guardian Legal Guardian: Guardian

Contact Telephone Number

In my absence, I consent to having Palo Alto Dermatology Institute conduct examinations and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor child as noted below.

I would: \_\_\_\_Like \_\_\_\_Not Like

To be consulted prior to minor procedures such as mole removal, acne treatment, and wart treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date:

Minor Child/Patient's Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Witness Signature: _	
Date:	

Witness Printed Name: \_\_\_\_