



MIDWEST DERMATOLOGY

Minor Patient Consent Form

Patient Name

_____/_____/_____
Date of Birth

It is always preferred and recommended that a parent or legal guardian attend a minor child's appointment. **If a parent or legal guardian is not present at the time of a minor child's appointment, the child will be evaluated but no treatment will occur unless authorized by a parent or legal guardian by filling out this form.**

1. Treatment authorization by parent/legal guardian only: *(Check one box)*

- I will be attending the appointment(s) with my minor child and will be present to give consent if a procedure is recommended.
- I will not be attending the appointment (s) with my minor child and understand my child will be evaluated but request no treatment be initiated without first contacting me.
- I will not be attending follow up appointment (s) with my minor child and give consent for ongoing care of a previously diagnosed condition.

2. Insurance information:

If you are attending the appointment with your minor child, please present the insurance card (s) and photo identification to the receptionist.

If you are not attending the appointment with your minor child, please have your minor child bring the card(s) to the appointment or attach a copy of the card(s) to this form. Also send any copayments due.

Name of parent/Guardian: _____ Parent/Guardian's date of birth _____/_____/_____
Parent or guardian's relationship to patient _____

3. Payment Policy:

The parent or legal guardian who signs this form will be responsible for all co-payments and deductibles. We do not forward bills to other parties regardless of court rulings or divorce decrees.

Parent/Guardian signature: _____
Today's date: _____

4. Parent/Guardian Contact Information:

Father/Guardian Name

Phone number 8-6pm

Mother/Guardian Name

Phone number 8-6pm

Signature of Parent or Guardian

Date

This permission to treat is valid until it is revoked in writing.