



Consent to Treat Patient (If Under 18 Years Old)-Without Parent/Legal Guardian Present

Please complete if patient is a minor. If patient is not a minor, please move on to the next page.

MINOR'S NAME: _____ DOB: _____

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. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

For those occasions when you may not be with your child, **please list those individuals who may give us consent to see your child:**

NAME

RELATIONSHIP TO PATIENT

NAME

RELATIONSHIP TO PATIENT

and/or

☐ Check here if you wish to give consent for the minor to receive medical care without an accompanying adult.

This consent shall be in effect for:

☐ Date _____ (only)

☐ Indefinitely, until revoked by written communication

LIMITATIONS:

Identify any specific limitations on the kinds of medical services for which this authorization is given.

(If none, state "none") _____

AUTHORIZATION:

I (parent/legal guardian name) _____ request and authorize Brevard Medical Dermatology and its personnel to deliver medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service. I have the legal right to preauthorize Brevard Medical Dermatology and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, injections, (examples: wart treatment with liquid nitrogen, obtaining biopsies, suturing) I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

X

SIGNATURE OF PARENT/LEGAL GUARDIAN

RELATIONSHIP

PRINTED NAME OF PARENT/LEGAL GUARDIAN

DATE