

CONSENT TO TREAT MINORS (NOTARY)

We cannot legally treat a minor child without a signed consent form. You must be present at your child's **initial visit** to sign the parental consent below, OR have this completed form notarized.

Minor Information

Patient Name:	Patient DOB:
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Parent/Legal Guardian Information

Name:	SSN#:
DOB:	Work Phone:
Relationship to Patient:	Cell Phone:

If you are not the parent, you will need to provide legal documentation that you are the legal guardian. This information will be kept in the patient's file.

Special Permissions: This agreement is required in order for the minor child to be seen and treated without the parent/legal guardian present.

<p>_____(Initials) Unaccompanied: I grant permission to treat and provide any healthcare services to my child that the provider deems necessary for treatment, if my child arrives at the office unaccompanied.</p> <p>_____(Initials) Accompanied by Others: If I am unable to accompany my child to the appointment, the below listed individuals have my permission to accompany my child and make medical decisions regarding my child.</p>		
Other Individuals Allowed to Accompany Minor:		
Name:	DOB:	Relationship to Patient:
Name:	DOB:	Relationship to Patient:

Consent to Treat Minor: I authorize *Dermatology & Skin Cancer Centers* to treat and provide any healthcare services to my child deemed necessary for treatment and/or diagnosis. I also understand that, in the course of that treatment, photographs may be taken for clinical or educational purposes. I acknowledge that this consent will remain in effect until I revoke it in writing and present this document to the office or the minor reaches the age of 18 years.

By signing below, I certify that I have read the above information and have had any questions answered. My signature also certifies my understanding and agreement with the above information.

Parent/Legal Guardian Signature:	
Date:	

NOTARY PUBLIC

State Of _____

County Of _____

In witness whereof I have hereunto subscribed my name and affixed my seal this ____ day of _____, 20____.

Signature of Notary Public: _____

My Commission Expires: _____