



**Notice to the Parents or Legal Guardians of a Minor**

If your child is a minor, you **must** be present at your child's **initial visit** to sign the parental consent form below and provide your child's social security number. The consent form you sign gives the physicians and staff of Skin & Laser Surgery Associates permission to treat your child. Without a signed consent form, we cannot legally treat a minor child.

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

**Consent to Treat Minor**

I authorize U.S. Dermatology Partners to treat and provide any healthcare services to my child that the provider deems necessary for treatment and/or diagnosis including biopsies. I also understand that, in the course of that treatment, photographs may be taken for clinical, commercial, or educational purposes.

**Unaccompanied Minors**

\_\_\_\_\_(Initials) 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.

**Minor Accompanied by Others**

\_\_\_\_\_(Initials) If I am unable to accompany my child to the appointment, the below listed individuals have my permission to accompany my child. This agreement is required in order for the unaccompanied child to be seen and treated.

I further acknowledge that this consent will remain in effect until either I revoke it, in writing and delivered to you, or the minor reaches the age of 18 years.

Patient Name	Date of Birth
Parent/Legal Guardian Signature	Date
Witness Signature	Date

**Parent/Legal Guardian Information**

Name _____	SS# _____
Work# _____ Cell# _____	Home# _____
Date of Birth _____ Relationship _____	
Name _____	SS# _____
Work# _____ Cell# _____	Home# _____
Date of Birth _____ Relationship _____	

**Other Individuals Allowed to Accompany My Child**

Name _____	Relationship _____
Date of Birth _____	
Name _____	Relationship _____
Date of Birth _____	
Name _____	Relationship _____
Date of Birth _____	

