

**PARENT / LEGAL GUARDIAN**

You must be present at your child's initial visit with the completed parental consent below

**MINOR INFORMATION**

Patient Name:	Patient Date of Birth:
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**PARENT / LEGAL GUARDIAN INFORMATION**

Name:	Last four digits of SSN#: XXX-XX-_____
Date of Birth:	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) <b>UNACCOMPANIED:</b> 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) <b>ACCOMPANIED BY OTHERS:</b> 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> <p><b>OTHER INDIVIDUALS ALLOWED TO ACCOMPANY MINOR:</b></p> <table border="1"> <tr> <td>Name:</td> <td>Date of Birth:</td> <td>Relationship to Patient:</td> </tr> <tr> <td>Name:</td> <td>Date of Birth:</td> <td>Relationship to Patient:</td> </tr> </table>			Name:	Date of Birth:	Relationship to Patient:	Name:	Date of Birth:	Relationship to Patient:
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**CONSENT TO TREAT MINOR**

- I authorize **U.S. Dermatology Partners** 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:
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