

## Consent for Medical Treatment of a Minor

Patient Name (Minor) \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

All minors seeking medical treatment must be accompanied by a parent/legal guardian during the first office visit for a new problem. After the initial appointment, a minor may be seen for treatment only with written authorization from the parent/guardian under the conditions specified in this consent. If the parent/legal guardian cannot attend the appointment, the following instructions that you select will be adhered to in the treatment of the minor patient:

**REFILLS:**

**yes/no** I authorize El Centro Dermatology & Laser Center to re-fill prescriptions for the minor as deemed necessary for treatment.

**NEW DIAGNOSIS:**

**yes/no** I authorize El Centro Dermatology & Laser Center to treat a new diagnosis under the condition that El Centro Dermatology & Laser Center obtains verbal consent from the parent/legal guardian before the new diagnosis is treated. If a new diagnosis is rendered during a return visit during which the parent/legal guardian is not present, El Centro Dermatology & Laser Center may treat the new diagnosis with verbal consent from the parent/legal guardian. If the parent/legal guardian cannot be reached at the time of the visit, the new diagnosis will not be treated and a follow-up appointment will be scheduled.

**NEW PRESCRIPTIONS:**

**yes/no** I authorize El Centro Dermatology & Laser Center to write new prescriptions for the minor as deemed necessary for treatment. Some medications require that bloodwork and/or a pregnancy test (such as Accutane for the treatment of acne) be given before prescribing/refilling. In these circumstances, the parent/legal guardian/appointed adult must be present.

**MINOR SURGERY:**

**yes/no** In the absence of a parent/guardian/appointed adult, I authorize the minor patient to sign any required consent forms for treatment of lesions requiring minor surgical procedures, biopsy, injections, cryotherapy, laser treatments, UV treatments or blue light photodynamic therapy. Any procedure performed by El Centro Dermatology & Laser Center requires that a separate consent form specific to that procedure be signed by the patient or the parent/legal guardian/appointed adult prior to every treatment.

If you need to send your child to their appointment with an adult other than yourself/legal guardian, please complete this section:

I appoint the following adult \_\_\_\_\_, whose relationship to the child is \_\_\_\_\_, to consent to medical care which is deemed necessary by El Centro Dermatology & Laser Center as authorized herein. A parent/legal guardian may appoint another adult to accompany the minor patient to the appointment. If the parent/legal guardian is not available, only certain adults can consent for medical treatment to minors if parental consent cannot be obtained. These are: a grandparent, an adult brother, sister, aunt or uncle, and any adult who has actual care, control, and possession of the minor and has written authorization to consent from the parent/legal guardian.

I, \_\_\_\_\_, am the parent/legal guardian of the minor child \_\_\_\_\_. I have the legal right to consent for medical treatment for this patient. I hereby authorize El Centro Dermatology & Laser Center to provide medical treatment as indicated above to my child in my absence. This is written to facilitate treatment since I am not able to be present with my child during the consultation although this is preferred by the clinic and the provider. I understand that I will accept full responsibility for the counselling and enforcement of the treatment methods as explained to my child and I am aware that I can always contact the clinic or provider for further information regarding my child. I also accept full responsibility for the cost of the treatment and consultation. I understand that this consent will be valid for 12 months from the date signed unless revoked by me in writing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name Parent/Guardian

\_\_\_\_\_  
Signature Date