Consent to Treat Minor
Patient without Parent Present

In order for us to treat a minor without a parent/legal guardian present, please complete this form and return it with a copy of the parent/legal guardian's drivers license to Clear Dermatology.

I, _____ (print name here) am the parent/legal guardian of _____ (print name of minor), currently a minor whose date of birth is _____.

I authorize Clear Dermatology to provide medical care to my son/daughter, including but not limited to: diagnostic examination (including laboratory testing), treatment procedures, and prescribing of medication as deemed appropriate by his/her physician.

I understand that, should my child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my child reaches the age of majority, my consent for treatments is no longer required.

This consent will remain in effect until the patient reaches the age of eighteen unless revoked in writing to Clear Dermatology.

By signing this, I acknowledge I have read and agreed to this consent and that any questions I had prior to signing were answered by Clear Dermatology.

Payment is expected the day of the appointment and can be made by cash, check, or credit card when checking out.

_____ _ _____

Signature of parent/legal guardian Date

Phone numbers:

Home:_____ Work: _____

Cell:_____