



Consent to Treat Minor – Without a Parent/Guardian Present

Updated 05.01.2024

Patient Name: _____

Date of birth: _____

The providers and staff at Clear Dermatology focus on rendering a high level of patient care. We appreciate that you have entrusted your child to be cared for by one of our medical professionals. To evaluate/treat a minor without a parent or legal guardian present, the minor MUST be accompanied by an adult (over the age of 18) listed below.

I, the parent/legal guardian of the patient listed above, authorize Clear Dermatology to provide medical care to my child. I further understand that, once my child reaches the age of 18, my consent for treatment is no longer required.

Authorized Adult (over the age of 18):

Adult Name: _____ Relationship to patient: _____
Address of Adult: _____

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Address of Adult: _____

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Address of Adult: _____

This consent will remain in effect until the patient reaches eighteen unless revoked in writing to Clear Dermatology or notated below.

Effective date(s) (if temporary): _____

- I authorize my child to be treated at the office visit(s) without a parent/guardian present.
(If this box is not checked, the child will only be seen for the evaluation until a parent or guardian can be present)

Parent/legal guardian signature: _____

Date: _____

Parent/legal guardian signature: _____

Date: _____

Contact information for parent/guardian:

Home: _____

Cell: _____