

## TREATMENT TO MINORS CONSENT FORM

Many times Parents/Legal guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your teen or young adult children.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Children 16 or 17 Years Old:

Minors 16 or 17 years old, MUST have a Parent/Legal guardian present for initial office visits or they will be asked to reschedule their appointment. They are able to be seen for their appointment without a Parent/Legal guardian **only** if Parent/Legal guardian fills out and signs this consent form authorizing The Dermatology Center of Newton & Rockdale to provide treatment to their teen.

I hereby grant The Dermatology Center of Newton & Rockdale permission to treat my 16 or 17 year old teen when they arrive at the office unaccompanied on:

\_\_\_\_\_ **until** \_\_\_\_\_  
Date of Permission End Date of Permission

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

### Children 15 Years Old or Younger:

Minors 15 years old or younger, MUST have an adult present for all office visits or they will be asked to reschedule their appointment. If the patient is 15 years old or younger, they are able to be seen for their appointment with an adult present other than a Parent/Legal guardian **only** if Parent/Legal guardian fills out and signs this consent form authorizing The Dermatology Center of Newton & Rockdale to provide treatment to their child. The authorized adult must present with a photo or picture ID.

I hereby grant The Dermatology Center of Newton & Rockdale permission to treat my child when they arrive at the office accompanied by the authorized named adult listed below.

\_\_\_\_\_  
Name of Authorized Adult Relationship to Patient

\_\_\_\_\_ **until** \_\_\_\_\_  
Date of Permission End Date of Permission

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\*\*\*Also note – copays are due at the time of service. If you are unable to accompany the patient, please make sure that they pay the copay required by your insurance company at the time of service. Thank you.\*\*\*