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COSMETIC SURGERY AND DERMATOLOGY

TREATMENT OF MINORS POLICY

This policy is effective in cases where a patient who is a minor (a person under the age of 18) is seeing evaluation and treatment but is not accompanied to an appointment by a parent or legal guardian. In such cases the minor patient, must present a signed authorization with the information listed below to obtain treatment; the minor must have been seen initially with a parent or legal guardian to consent in person to ongoing treatment.

- The name of the Dermatologist/Provider treating the minor
- Minor's Full Name
- Minor's Date of Birth
- The procedure that the parent is consenting to for the minor child (if applicable)
- The printed name and signature of the parent or guardian
- Effective Date/s for Consent

CONSENT TO TREATMENT OF A MINOR

I am the parent or legal guardian of _____(Minor's Name), and I authorize, _____(Provider's Name), To treat _____,

Date of Birth _____for _____(Minor's Procedure).

This authorization is effective from: _____ to: _____

_____ _____

Parent/Guardian Name (Printed) **Date**

_____ _____

Signature of Parent/Guardian **Contact Phone Number**