



Consent to Treat Patient – Without Parent / Legal Guardian Present

By law, any child under the age of 16 years of age cannot be seen by a healthcare provider without consent from a parent or legal guardian.

Minor's Name: Last First Middle DOB:

Allergies:

Current Medications:

Chronic Conditions:

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

Name Relationship to Patient

Name Relationship to Patient

Limitations:

Identify any specific limitations on the kind of medical services for which this authorization is given.

Check here if you wish to give consent for the minor above to receive medical care without the presence of an accompanying adult, which consent shall be in effect for:

Date only.

Indefinitely, until revoked by written communication.

Authorization:

I (parent/legal guardian name) request and authorize Aspire Dermatology and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child, I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service.

I have the legal right to preauthorize Aspire Dermatology and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, injections, biopsies for medically suspicious sites, wart treatment with liquid nitrogen, etc. I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

Parent or Legal Guardian Signature Relationship Date