ASPIRE
DERMATOLOGY

## 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. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by their parent or guardian to act on their behalf.

Minor's Name: _____ DOB: _____
Last First Middle

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. (If none, state "none")

_____

☐ 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