



## Consent to Treat a Minor

It is the policy of Integrity Dermatology that all minors (under 19 years of age) seeking dermatologic treatment for the very first time or upon the onset of a new problem be accompanied by a parent or legal guardian.

After the initial appointment, a minor may be seen by Integrity Dermatology for the same diagnosis without a parent or guardian present, upon completion of a **Consent to Treat a Minor** form. **A new problem will require the presence of a parent or legal guardian.** This form authorizes Integrity Dermatology to evaluate and treat your minor child with your consent.

I authorize and give consent to Integrity Dermatology for the evaluation and medical treatment of my minor child without the presence of a parent or legal guardian.

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

*Additional person to contact in the event the parent or guardian cannot be reached:*

Person Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_