



**CONSENT TO TREAT MINOR PATIENT-WITHOUT PARENT/LEGAL GUARDIAN PRESENT**

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or a 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 you to act on your behalf.

**Minor's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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 Child** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**LIMITATIONS:**

Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none"). \_\_\_\_\_

\_\_\_\_\_ Check here if you wish to consent for the minor to receive medical care **without an accompanying adult.**  
**This consent may only apply to minors age 16 and older.**

This consent shall be in effect for: \_\_\_\_\_ Date of appointment \_\_\_\_\_ (only)

\_\_\_\_\_ Indefinitely, until revoked by written communication

**AUTHORIZATION**

I (parent/legal guardian name) \_\_\_\_\_ request and authorize Moore 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 Moore 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 examination, injections, lab work (example: urinalysis, blood draws) wart/molluscum treatment, minor procedures such as skin biopsy, mole removal, laser treatment or scar treatment.

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 a language that I understand.

**PARENT/LEGAL GUARDIAN PRINTED NAME/RELATIONSHIP:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN SIGNATURE AND DATE:** \_\_\_\_\_