



Consent to Treat a 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 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: _____ DOB: _____

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 kinds of medical service for which this authorization is given. (If none, state "none")

AUTHORIZATION: I (Parent/legal guardian name)

_____ request and authorize Snake River 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 Snake River 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, routine immunizations, injections, x-rays, lab work (examples: culture swabs, blood draws, wart treatment with liquid nitrogen,

topicals or injections, lesion removal, minor burns, minor suturing of lacerations). 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 (please print)

Relationship

Parent or Legal Guardian Signature

Date