



Consent to Treat 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 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 Minor

Name Relationship to Minor

LIMITATIONS:

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

- Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**, which shall be in effect for:
- Date _____ **ONLY**
- Indefinitely**, until revoked by verbal or written communication.

AUTHORIZATION:

I (parent/legal guardian name), _____, request and authorize Omni 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 the adult presenting the child is responsible for payment of patient portion at the time of service.

I have legal right to preauthorize Omni Dermatology and its personnel to deliver routine medical treatment and services to my child. Routine medical care and treatment may include, but are not limited to: skin evaluations, acne treatment, injections, lab work, laser treatment, and wart treatment.

I have read, understand, and give my consent as stipulated. My signature means that I have read this form and/or have had it read to me and explained in the language that I understand.

Parent or Legal Guardian Signature Date

Parent or Legal Guardian Printed Name Relationship