

# Consent for Medical Treatment of a Minor

Effective January 1<sup>st</sup> 2019

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

Patients Date of Birth: \_\_\_\_\_

All minors seeking medical treatment must be accompanied by a parent/ legal guardian during the first office visit for a new treatment. After the initial appointment, a minor may be seen for treatment only with written authorization from the parent/guardian under the conditions specified in this consent. If the parent/legal guardian cannot attend the appointment, the following instructions that you select will be adhered to in the treatment of the minor patient:

## REFILLS:

Yes/ No

***I authorize Radiant Dermatology to re-fill prescriptions for the minor as deemed necessary for treatment.***

## NEW DIAGNOSIS:

Yes/ No

***I authorize Radiant Dermatology to treat a new diagnosis under the condition that Radiant Dermatology obtains verbal consent from the parent/legal guardian before the new diagnosis is treated.*** If a new diagnosis is rendered during a return visit during which the parent/legal guardian is not present, Radiant Dermatology may treat the new diagnosis with verbal consent from the parent/legal guardian. If the parent/legal guardian cannot be reached at the time of the visit, the new diagnosis will not be treated and a follow-up appointment will be scheduled.

## NEW PRESCRIPTIONS:

Yes/ No

***I authorize Radiant Dermatology to write a new prescription for the minor as deemed necessary for treatment.*** Some medications require that bloodwork and/or a pregnancy test (such as Accutane for the treatment of acne) be given before prescribing/refilling. In these circumstances, the parent/legal guardian/appointed adult must be present.

## OFFICE PROCEDURES:

Yes/ No

***In the absence of a parent/guardian/appointed adult, I authorize the minor patient to sign any required consent forms for treatment of lesions requiring minor procedures such as biopsies, liquid nitrogen or injections.*** Any procedure performed by Radiant Dermatology requires that a separate consent form specific to that procedure be signed by the patient/legal guardian/appointed adult prior to every treatment.

If you need to send your child to their appointment with an adult other than yourself/legal guardian, please complete this section:

I appoint the following adult \_\_\_\_\_, whose relationship to the child is \_\_\_\_\_, to consent to medical care which is deemed necessary by Radiant Dermatology as authorized herein. A parent/legal guardian may appoint another to accompany the minor patient to the appointment.

I, \_\_\_\_\_, am the parent/legal guardian of the minor child \_\_\_\_\_. I have the legal right to consent for medical treatment for this patient. I hereby authorize Radiant Dermatology to provide medical treatment as indicated above. I understand that this consent will be voided for 12 months from the date signed unless revoked by me in writing.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date