



## Consent to Treat a Minor

It is the policy of Germain Dermatology that all minors (under the age of 18) seeking dermatologic treatment for the very first time or upon the onset of a new problem be accompanied by a parent/legal guardian.

After the initial appointment, a minor may be seen by Germain Dermatology for the same diagnosis without a parent or guardian present, upon completion of a *Consent to Treat a Minor* form is obtained. **A new problem, a procedure and/or a high risk medication will require the presence of a parent/legal guardian.** This form authorizes Germain Dermatology to evaluate and treat your child with your consent, as well as, process any insurance(s) claims for that date of service.

I authorize and give consent to Germain Dermatology for the medical treatment and evaluation of my child and process insurance(s) without the presence of a parent/legal guardian.

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

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

Medical Conditions: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

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

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

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

