



Consent for Treating a Minor

If patient is a minor (under the age of 18), the parent or legal guardian must read, complete, and sign the following form:

This form is required to allow us to evaluate, treat, and bill the medical goods and services provided to a minor.

I consent to having Comprehensive Dermatology Group conduct examinations and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor child noted below:

I am an adult who is the:

Parent: _____ Mother _____

_____ Father Printed Name of Parent/Guardian

Legal Guardian: _____ Guardian _____

Contact Telephone Number

Parent/Guardian Signature: _____ **Date:** _____

Patient's Printed Name: _____ **DOB:** _____