

Consent to Treat a Minor Without Parent/Guardian Present

Patient Name: _____ Date of Birth ____/____/____

By law, any children under the age of 18 years old cannot be seen by a doctor without consent from a Parent/Legal guardian. Many times, Parents/Legal guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your teen or young adult children. This consent will give the designated individual authority to consent to all dermatologic treatments and/or procedures that may be needed at the office visit. This does not give authorization for any aesthetic or cosmetic treatments.

Children 16 or 17 years old:

Minors 16 or 17 years old: MUST have a Parent/Legal guardian present for the initial office visit or they will be rescheduled to the next available appointment. If the patient is 16 or 17 years old, they can be seen for follow-up appointments without a Parent/Legal guardian only if the Parent/Legal guardian fills out and signs this consent form authorizing Luma Dermatology to provide treatment for their teen or young adult children.

I hereby grant Luma Dermatology permission to deliver routine medical care to my teen or young adult child(ren) as deemed necessary or advisable in the diagnosis and treatment of the teen or young adult child(ren) when they arrive to a follow-up appointment unaccompanied. This authorization is in effect until revoked in writing by me.

Signature of Parent/Legal guardian

Date

Printed Name