



### 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: \_\_\_\_\_

If the patient is under 16 years of age an adult (over the age of 18) must accompany the patient to an appointment. Please list all adults that may bring your child to their appointment. **(over)**

Person Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Person Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Person Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Person Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

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

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

Emergency Contact Information:

(in the event the parent/legal guardian cannot be reached) Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

