



Consent Form for Treatment of a Minor

Many times Parents/Legal Guardians find themselves unable to accompany their child to an appointment. This form has been prepared for your convenience should you at some time find yourself unable to be with them for the visit.

This form authorizes Dorset Street Dermatology to evaluate and treat your minor child/charge without you (the parent/legal guardian) being present. This permission may include but is not limited to treatment of lesions requiring minor surgical procedures, injections, cryotherapy with liquid nitrogen or other minor destructive techniques, and the writing of all prescriptions. I hereby give consent to Dorset Street Dermatology for medical evaluation and treatment of my child/charge if a parent/legal guardian is not present.

Payment for copays or any services not covered by insurance is expected the day of the appointment and can be made by cash, check, or credit card when checking in or in advance over the phone. An insurance card must be presented when checking in to every appointment.

This consent will remain in effect until the patient reaches the age of eighteen unless revoked in writing to Dorset Street Dermatology. By signing this, I acknowledge I have read and agree to this consent and that any questions I had prior to signing were answered.

Patient's Name: _____ Patient's Date of Birth: __/__/__

Name of Parent or Legal Guardian: _____

Relationship to Patient: _____

Signature of Parent/Legal Guardian: _____

Date: __/__/__