BLACKBURN WOOLFOLK DERMATOLOGY

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CONSENT TO TREAT A MINOR

Effective July 17, 2017

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. All minors seeking treatment must be accompanied by a parent/legal guardian for the first office visit for a new treatment. After the initial appointment, a minor may be seen for treatment only with written authorization from the parent/legal guardian. If the minor arrives with someone other than a parent or legal guardian for a follow-up appointment, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

You may appoint anyone who is over the age of 18 to be responsible for your child when you are unable to accompany them to their follow-up dermatology appointment. This "Consent to Treat a Minor" form is required to be completed by the parent on the first visit, and will be in effect for one year from the date of completion.

Minor's Full Name	
Minor's DOB / /	Date / /

I grant_____ (an adult in whose care, the minor has been entrusted), whose relationship to the child is_____ to arrange for and authorize dermatology treatment at Blackburn Woolfolk Dermatology, PLLC.

Additional adults that have been approved to accompany the minor:

Authorized Adult's Name	Relationship to Child

_____ (Initials) **Unaccompanied**: I grant permission to treat and provide any healthcare services to my child (age 16 and up) that the provider deems necessary for treatment, if my child arrives at the office unaccompanied.

Please be advised that we will not be able to perform any invasive procedures unless a parent or legal guardian accompanies the minor to their appointment. If such services need to be performed another appointment will need to be scheduled in which the parent or legal guardian must be in attendance. It is the policy of this office, that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service. My signature means that I have read, understand, and give my consent as stipulated above.

Patient/Legal Representative Signature	Date / /
Printed Name of Patient/Legal Representative	