



**ADVANCED DERMATOLOGY AND SKIN CARE  
CONSENT FOR MINOR CHILD TO BE TREATED**

Advanced Dermatology and Skin Care's policies and procedures require that a minor child must be accompanied by a parent or adult legal guardian at first visit. Following the initial visit, if the parent or legal guardian would like the minor child to be seen unaccompanied, Advanced Dermatology and Skin Care must have the written consent of the minor child's parent or legal guardian.

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, a minor child, and have the power to consent to the minor child's medical treatment. I hereby give my consent to have \_\_\_\_\_ to be seen and treated by Advanced Dermatology and Skin Care in my absence.

This consent shall begin on the date written below and shall remain effective until the date the minor child is 18 years old, unless sooner cancelled by me in writing.

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Medication/Food Allergies: \_\_\_\_\_  
\_\_\_\_\_

Other Relevant Medical Information: \_\_\_\_\_  
\_\_\_\_\_

Child's Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Phone Number: \_\_\_\_\_

Child's Father/Guardian Name: \_\_\_\_\_

Father/Guardian Phone Number: \_\_\_\_\_