

Consent to Treat Patient WITHOUT Parent/Legal Guardian Present

By law, any child under the age of 18 years of age cannot be seen by a healthcare provider without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed to act your behalf.

Minor's Name: _____ **Date of Birth:** _____
Last
First
Middle

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

Name	Relationship to Patient
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Name	Relationship to Patient
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LIMITATIONS:

Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none")

Option 1:

Check here if you give consent for the minor to receive medical care **without an accompanying adult** for a specific date only, which is _____ (date) **ONLY**.

Option 2:

Check here if you give consent for the minor to receive medical care without an accompanying adult **indefinitely**, until consent is revoked in writing.

AUTHORIZATION

- I (parent/legal guardian name) _____ request and authorize McLean Dermatology & Skincare Center and its personnel to deliver medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of a minor child. I am also aware that, in addition to making medical decisions on my behalf, that the adult presenting the child is responsible for payment of the patient portion at the time of service.
- I have the legal right to preauthorize McLean Dermatology and Skincare Center and its personal to deliver medical treatment and services to my child. Medical care and interventions may include, but are not limited to: medical evaluation, physical exam, or lab work. (Examples include, prescriptions, blood tests, biopsies, throat or nasal swabs, urine tests, wart treatment and liquid nitrogen, minor suturing after biopsies, etc.)
- I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

Parent or Legal Guardian (Please Print)	Relationship to Patient
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Parent or Legal Guardian Signature	Date
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