



Consent To Treat Minor
Patient Without Parent Present

**** Parent(s) or Legal Guardian(s) MUST be present at their minor child's first appointment ****

In order for us to treat a minor without a parent/legal guardian present, please complete this form and return it with a copy of the parent's/guardian's driver's license to our office.

I, _____ (please print), am the parent/legal guardian of

(please print), currently a minor, whose date of birth
is _____.

This consent will expire **one year** from the date signed. A new consent must be signed after expiration.

I authorize Westgate Dermatology & Laser Center to provide medical care to my child, including, but not limited to, diagnostic examinations (including laboratory testing), minor treatment procedures, and prescribing of medications as deemed appropriate by his/her medical provider.

I understand that prescription medications can cause side effects, and I will contact Westgate Dermatology to discuss my concerns if necessary.

I understand that minor procedures such as a biopsy, cryotherapy of lesions, Cantharone treatment, acne surgery, and similar procedures have risks. These risks include, but are not limited to, bleeding, scarring, and infection, among others.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, this will need to be scheduled for a future date, and that I must be present at that appointment.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge I have read and agree to this consent and that any questions I had prior to signing were answered by Westgate Dermatology & Laser Center.

Payment 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. If I cannot pay at time of service, the appointment will be rescheduled.

Signature of Parent/Legal Guardian

Date