



Consent for Treating a Minor

If patient is a minor (under the age of 18), the parent or legal guardian must read, complete, and sign the following form:

This form is required to allow us to evaluate, treat, and bill for medical goods and services provided to a minor.

I consent to having California Skin Institute conduct examinations and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor child noted below.

I am an adult who is the:

Parent: _____ Mother
_____ Father _____
Printed Name of Parent/Guardian

Legal Guardian: _____ Guardian _____
Contact Telephone Number

In my absence, I consent to having California Skin Institute conduct examinations and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor child as noted below.

I would: ___ Like ___ Not Like

To be consulted prior to minor procedures such as mole removal, acne treatment, and wart treatment.

Parent/Guardian Signature: _____ Date: _____

Minor Child/Patient's Printed Name: _____ Age: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____