



Minor Consent Form

1. CONSENT TO TREAT MINOR (REQUIRED)

I, _____, as the parent/legal guardian of
(PRINT FULL NAME OF PARENT/LEGAL GUARDIAN)

_____, born ____ / ____ / _____,
(PRINT FULL NAME OF MINOR PATIENT)

hereby grant Gem State Dermatology and its medical personnel permission to treat the minor listed above. I understand that as the patient's parent/legal guardian, I must accompany them at their first visit as well as to any visit that the minor listed above presents with new problem. If patient is under 14 years of age and Alternative Adult section is not filled out, I must be present at all appointments. I understand that if I am unable to accompany the minor for the treatment of an established problem, I must provide authorization through the completion and submission to Gem State Dermatology of the "Consent for Alternative Adult to Accompany Minor" and/or "Consent To Treat An Unaccompanied Minor" form below.

2. CONSENT FOR ALTERNATIVE ADULT TO ACCOMPANY MINOR (OPTIONAL)

The following person(s) have my permission to authorize medical care for my child and to sign any necessary general consents or acknowledgements on my behalf, in my absence. The following person(s) will present valid ID for identification purposes and sign forms signifying my parental responsibility for payment.

NAME	PHONE	RELATION TO PATIENT
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NAME	PHONE	RELATION TO PATIENT
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3. CONSENT TO TREAT UNACCOMPANIED MINOR OVER 14 YEARS OF AGE (OPTIONAL)

I hereby grant Gem State Dermatology and its medical personnel permission to treat the minor listed above in my absence. I understand that as the patient's parent/legal guardian, I must accompany them at their first visit as well as to any visit that the minor listed above presents with new problem.

_____ (INITIAL HERE) My minor child, who is **AT LEAST 14 YEARS OF AGE** named above, may present unaccompanied by an adult and receive treatment per this authorization. My child has permission to authorize my parental responsibility for payment if able to provide valid acceptable identification.

SIGNATURE of Parent/Legal Guardian*

DATE

*Signature gives consent for all sections (1-3). Section 1 is mandatory for all minor patients, sections 2-3 are optional. Section 3 must include initials to be valid.