

Illinois Dermatology Institute

Consent Form for Treatment of a Minor

Many times Parents/Legal Guardians find themselves unable to accompany their child to an appointment. This form has been prepared for your convenience should you at some time find yourself unable to be with them for the visit.

It is the policy of Illinois Dermatology Institute that for the FIRST visit (the patient is NEW to our office) or for a NEW problem, the parent/legal guardian be present during this visit. After this initial appointment, a minor may be seen here for treatment of the SAME diagnosis without the parent/legal guardian present as long as this consent form is filled out.

If a NEW diagnosis is rendered during a return visit, the parent/legal guardian will need to be contacted and permission granted if the new problem is to be treated.

Consent for Medical and Surgical Treatments of a Minor:

This form authorizes Illinois Dermatology Institute to evaluate and treat your minor child/charge without you (the parent/legal guardian) being present. This permission includes treatment of lesions requiring minor surgical procedures, injections, cryotherapy with liquid nitrogen or other minor destructive techniques, and the writing of all prescriptions.

I hereby give consent to the Illinois Dermatology Institute for medical evaluation and treatment of my child/charge if a parent/legal guardian is not present.

Print the Name of the Minor: _____

Print the Date of Birth of the Minor: _____

Print the Name of Authorized Adult: _____

Relationship to Patient: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Please note that any copays are due at the time of service. If you are unable to accompany the patient, please make sure they are able to pay the copay required by your insurance company on the date of service. Thank you!