



TREATMENT OF MINOR PATIENTS

It is the policy of Summit Dermatology, P.C. that ALL minor patients must be seen at the first visit with a parent or legal guardian present. After the first visit the minor patient may be seen and treated for that **SAME DIAGNOSIS** without a parent/legal guardian present as long as there is a signed release from the parent/legal guardian in the minor patient's file. However, if the patient presents with a new diagnosis we will need to be able to reach the parent/legal guardian by phone to consult about any new treatment plan and obtain authorization for new medications or treatments.

Please fill out one of the two options below:

Consent to treatment of Minor Patient

I, _____ authorize Summit Dermatology, P.C. and the staff employed there to treat my minor child _____ with a date of birth ____/____/____.

Non-Consent to treatment of Minor Patient

I, _____ do not want my minor child _____ with a date of birth ____/____/____ treated or evaluated for any condition without a parent/legal guardian present.

This authorization is good for one calendar year and will need to be re-signed every year or until the patient turns eighteen years of age.

Signed: _____ Date: ____/____/____

Print Name: _____ Relationship: _____