

Minor Patient Consent Form

Patient's name: _____

Patient's date of birth: ____/____/____

It is always desirable and recommended that a parent or legal guardian attend a minor child's appointment. **If a parent or legal guardian is not present at the time of a minor child's appointment, the child will be evaluated but no treatment will occur unless authorized by a parent or legal guardian by filling out this form.**

1. **Treatment authorization** by parent/legal guardian only: *(Check one box only)*

- I will be attending the appointment(s) with my minor child and will be present to give consent if a procedure is recommended.
- I will not be attending the appointment(s) with my minor child and understand my child will be evaluated but request no treatment be initiated without first contacting me.
- I will not be attending follow up appointment(s) with my minor child and give consent for ongoing care of a previously diagnosed condition.

2. **Insurance information:**

If you **are** attending the appointment with your minor child, please present the insurance card(s) and photo identification to the receptionist.

If you **are not** attending the appointment(s) with your minor child, please have your minor child bring the card(s) to the appointment or attach a copy of the card(s) to this form. Also send along any co-payments.

Name of parent/guardian: _____ Parent/Guardian's date of birth: ____/____/____

Parent/Guardian's relationship to patient: _____

3. **Payment Policy:**

The parent or legal guardian who signs this form will be responsible for all co-payments and deductibles. We do not forward bills to other parties regardless of court rulings or divorce decrees. We will only respond to a court order that directs Forefront Dermatology to act in a certain way.

Guardian Signature: _____

Today's Date: ____/____/____

4. **Parent/Guardian Contact information:**

Father/Guardian (please print): First name _____ Last name _____

Phone (8 am-5 pm): ____-____-____ home / mobile / work (circle one)

Secondary # (8 am-5 pm): ____-____-____ home / mobile / work (circle one)

Mother/Guardian (please print): First name _____ Last name _____

Phone (8 am-5 pm): ____-____-____ home / mobile / work (circle one)

Secondary # (8 am-5 pm): ____-____-____ home / mobile / work (circle one)