

TREATMENT OF MINORS POLICY

No elective or non-emergency medical/surgical procedures may be performed on a patient without a valid consent. Minors under the age of **18** not accompanied by a biological parent or legal guardian must present a biological parental or legal guardian note with the information listed below to obtain evaluation and treatment.

If the biological parent/legal guardian is not available to sign the consent below, a note must accompany the minor indicating the following:

-Minor's Name

-Minor's Date of Birth

-The name of the Dermatologist treating the minor

-The procedure that the parent is consenting to for the minor child (if applicable)

-The printed name and signature of the parent or guardian

I authorize Dr. and/or ARNP _____ to treat

_____ (Minor's Name) _____ (Minor's Date of Birth)

_____ (Minor's procedure/evaluation)

Parent/Guardian (Printed) Date

Signature of Parent/Guardian Contact Phone Number