



**PARENTAL CONSENT TO TREAT A MINOR**

This consent form is only valid for minors 16 years of age and older.

This consent form must be signed and present prior to the minor's appointment.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ hereby consent to the following non-invasive medical care (**follow up wart treatments, acne, eczema, or psoriasis**) for my child while said child is under the care of (\_\_\_\_\_) at Derrow Dermatology Associates located at 146 Orange Place, Maitland, Florida 32751. This authorization is effective from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ to \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I have to the best of my knowledge, given an accurate account of my child's medical history, including all known allergies or prescription medications/products they are currently consuming or using topically. Initial: \_\_\_\_\_

I have read and fully comprehend the practice's medical treatment and financial policies and understand that all consent forms, insurance information, cost share and past due balances, if any, must be signed and provided to Derrow Dermatology prior to my child being seen or the appointment may be cancelled. Initial: \_\_\_\_\_

I have read and fully understand this agreement and all information detailed above. I understand and consent to the terms of this agreement. I do not hold the following provider or practice, whose signature appears above, responsible for any medical conditions that were present, but not disclosed by my child at the time of their visit. I understand that all recommendations and instructions will be provided to my child at their visit and if they are any additional questions or concerns, that I will contact the office immediately to consult with the provider. Initial: \_\_\_\_\_

I understand as the parent or legal guardian of the child, or the physician providing care to my child may void this agreement at any given time if either party deem necessary. Initial: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Staff Signature

\_\_\_\_\_  
Parent/Guardian Telephone