



Bradley T. J. Straka, MD
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Consent for Medical/Surgical Care of a Minor

Name: _____ for _____ / _____
[] Mother [] Father [] Legal Guardian [] Son [] Daughter _____
Date of Birth

I am voluntarily consenting to the rendering of medical care including minor procedural and medical treatment for my son/daughter of _____ years of age.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I herby give our (my) consent to: [] **Bradley Straka, MD**
[] **Kristina Kleven, MD**
[] **Courtney Papp, PA**

who will be providing care for our (my) son/daughter for the period ____/____/____ to: [] For one year
date of appointment [] This date only
[] _____
specify end date

Child's Allergies, if any: _____

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name: _____
Mother, Father, Legal Guardian Signing

Name of health Insurance carrier: _____
Include name of insurance subscriber if different from the left

Address: _____

Telephone no: _____

Group & ID# _____

Signature: _____
Mother, Father, Legal Guardian

Date: _____

Witness: _____

Date: _____