



Consent for Medical Treatment of a Minor

Patient Name _____

Patient Date of Birth _____

All minors seeking medical treatment must be accompanied by a parent/legal guardian during the first office visit. After the initial appointment, a minor may be seen for treatment only with written authorization from the parent/guardian under the conditions specified in this consent. If the parent/legal guardian cannot attend the appointment, the following instructions that you select will be adhered to in the treatment of the minor patient:

NEW DIAGNOSIS:

YES/NO *I authorize Farmington Valley Dermatology to treat a new diagnosis.* If a new diagnosis is rendered during a return visit during which the parent/legal guardian is not present, Farmington Valley Dermatology may treat the new diagnosis.

PRESCRIPTIONS:

NEW:

YES/NO *I authorize Farmington Valley Dermatology to write new prescriptions for the minor as deemed necessary for treatment.* Some medications require that bloodwork and/or a pregnancy test (for the treatment of acne) be given before prescribing/refilling. **PARENTS MUST BE PRESENT FOR ISOTRETINOIN INITIATION**

REFILLS:

YES/NO *I authorize Farmington Valley Dermatology to re-fill prescriptions for the minor as deemed necessary for treatment*

OFFICE PROCEDURES:

YES/NO *In the absence of a parent/guardian, I authorize the minor patient to sign any required consent forms for treatment of lesions requiring minor procedures such as medical necessary biopsies.* Procedures performed by Farmington Valley Dermatology requires that a separate consent form specific to that procedure be signed by the patient or the parent/legal guardian prior to every treatment. Minors will not be authorized to give consent for cosmetic services, for which payment is due at the time of service.

I, _____, am the parent/legal guardian of the minor child _____. I have the legal right to consent for the medical treatment for this patient. I hereby authorize Farmington Valley Dermatology to provide medical treatment as indicated above. I understand that this consent will be valid for 12 months from the date signed unless revoked by me in writing.

Parent/Guardian Name

Parent/Guardian Signature

Date