

Siperstein Dermatology Group

9897 Hagen Ranch Road, Boynton Beach, Florida, 33472 (561) 364-7774

950 Glades Road, Boca Raton, Florida, 33431 (561) 955-8885

MINOR CONSENT FORM

Patient Name: _____ DOB: _____ Date: _____

Consent for Treatment

Siperstein Dermatology Group must receive permission, from a child's parent or legal guardian, prior to providing any medical treatment(s) for preventative care, injury or illness that is non-life threatening. This form provides the legal permission to (depending on the minor's age) either treat without any adult present (Section A) or with a designated Healthcare surrogate present (Section B).

Section A: (Minor under the age of 18 years old). Authorization to treat your minor child in case you or your designated Healthcare surrogate are unable to accompany your child to one or more of his/her visits.

I, _____ (print your name), grant Siperstein Dermatology Group permission to assess and treat the aforementioned minor without an adult present.

Parent/Guardian/Healthcare Surrogate Signature

Date

Section B: Delegation of authority for medical treatment of a minor child to the designated guardian or Healthcare surrogate below:

I, _____ (print name), grant Siperstein Dermatology Group permission to assess and treat the aforementioned minor in the presence of either of the following adults:

Representative Name: _____ Relation to Minor: _____
Representative Name: _____ Relation to Minor: _____

Financial Consent

By signing below, I agree to be financially responsible for payment of all charges in connection with the care and treatment(s) rendered by Siperstein Dermatology Group. NOTE: It is recommended that a parent/legal guardian MUST be present for a minor patient's first visit.

This authorization is valid for:



Today's visit only – date: _____



All visits until otherwise revoked

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Contact phone #1: _____ #2: _____

NOTE: Insurance Card(s) and co-pay amounts (if applicable) must be paid at each visit.



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MINOR PROCEDURE CONSENT FORM

Siperstein Dermatology Group must receive permission, from a child's parent or legal guardian, prior to providing any medical treatments(s) for preventative care, injury or illness that is non-life threatening. This form provides the legal permission to (depending on the minor's age) either treat without any adult present (Section A) or with a designated Healthcare surrogate present (Section B) as stated in the Minor Consent Form.

I, _____ (print name), understand that my minor child may need to have the following treatment(s) or procedure(s) and I grant permission to provide these treatments if I am not with my minor child at their scheduled appointment. This consent form is good until otherwise revoked.

Possible Treatments: (please initial to indicate consent for treatment if needed)

- _____ Liquid Nitrogen (freezing)
- _____ Shave/Punch/surgical Excision
- _____ Wart Removal (may require multiple treatments)
- _____ Prescription medications
- _____ Full skin examination
- _____ Acne treatments
- _____ Laser treatments (may require multiple treatments)
- _____ Biopsy
- _____ Other

The risks and benefits for these procedures above include but are not limited to scarring, blistering, infection, bleeding, allergic reaction, and permanent lighter or darker skin color. I understand that there are other treatment options, including not treating if the lesions are benign. I further understand that multiple treatments are often needed for the same lesion and that they may be a charge for each treatment date. I give consent to these treatments above for the following time period: _____

Parent/Guardian/Healthcare Surrogate Signature

Date
