

Siperstein Dermatology Group

9897 Hagen Ranch Road, Boynton Beach, Florida, 33437 (561) 364-7774
1401 N Federal Hwy, Boca Raton, Florida, 33432 (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 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 Health Care surrogate present (Section B).

Section A: (ONLY for children at least 16, but not 18 years old). Authorization to treat your minor child in case you or your designated Health Care 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:

☐ One year from the date form is signed.

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.



9897 Hagen Ranch Road, Boynton Beach, Florida, 33472 (561) 364-7774
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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 Health Care 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 any of these treatments if I am not with my minor child at their scheduled appointment. This consent form is good for one year from the date signed.

Option 1: Possible Treatments: (please initial to indicate consent for treatment if needed)

_____ Address any of child's concerns

_____ Examination by a provider

_____ Prescription of topical medications (creams/gels/lotions) from a provider

_____ Prescription of oral medications (ie: antibiotic pills) from a provider

_____ Procedures such as freezing with liquid nitrogen, cantharone application, and/or biopsy by a provider. I understand the risk of scarring and pigment change with any procedure and wart treatments require multiple visits.

_____ Laser treatments performed by a provider. I understand there could be out-of-pocket cost associated with these types of cosmetic procedures.

_____ Other

Option 2: This should only be filled out if you don't agree with the above.

I consent ONLY to the following concerns to be addressed:

_____ Parent/Guardian/Healthcare Surrogate Signature
Date