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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 be present for a minor patient's first visit. *If unable to attend in person, being present via a phone call is recommended.

This authorization is valid for:

One year from the date the 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.

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
- _____ Any procedures, including but not limited to: freezing with liquid nitrogen, cantharone application, intralesional kenalog injection and/or biopsy by a provider. I understand the risk of scarring and pigment change with any procedure and wart/molluscum treatments typically require multiple visits.
- _____ Laser treatments performed by a provider. I understand there could be out-of-pocket costs associated with these types of cosmetic procedures.
- _____ Aesthetic Treatment
- _____ 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