

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 - 16 and older) or with a designated Health Care surrogate present (Section B - under 16).

Section A: For children 16 and older: 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: For children under 16 an adult must be present or on FaceTime: 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:

Adult Representative Name: _____ Relation to Minor: _____

Adult 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.

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 - 16 and older) or with a designated Health Care surrogate present (Section B - under 16) 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.

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