

Minor Consent Form

Children under the age of 18 must be accompanied by an adult for any appointment.

As the parent/guardian to _____, age _____, a minor, I am authorizing the following:

I authorize _____, a minor, to be seen and treated at Aesthetic Dermatology Inc. without a parent or guardian present.

I authorize _____, a minor, to be seen and treated at Aesthetic Dermatology Inc. when accompanied only by the following adult family member or parent, child care provider, etc:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

I further understand that this authorizes Aesthetic Dermatology Inc. to provide medical and/or billing information to various laboratories, radiology or other medical facilities for tests that may become necessary for treatment. I accept financial responsibility for all physician charges, laboratory, radiology or any related fees. This authorization will remain in effect until revoked by me or the minor becomes 18 years of age.

Parent/Guardian _____ **Date:** _____

If divorced or separated, I have legal custody to give the above consent for treatment.

Print name

Signature

Date