REN Dermatology & LASER CENTER

Authorization for Consent to Medical Treatment of Minor

It is understood that this consent is given in advance of any specific diagnosis or treatment and allows the treating physician to diagnose and treat the Minor when the Parent/Guardian is not present.

REN Dermatology will require a NEW CONSENT on file for treatment of all medical visits and/or cosmetic services to be signed every calendar year.
Effective until withdrawn in writing by the Minor's Parent/Guardian.

Patient's Full Name: _____

Date of Birth: _____ /_____ /_____

- ***The minor patient listed above may be seen in office for medical and/or cosmetic appointments WITHOUT a Parent/Guardian or additional adult present*:** **Yes**:_____ **No:** _____

Any allergies Minor may have or important medical history that may be needed while Parent/Guardian is not present at his/her appointment:_____

_____

- **Person(s) who may be present with Minor for medical/cosmetic appointments** *(must be older than 18): (print names)*

Name: _____ Relationship to Minor: _____ Phone: (_____)_____-_____

Name: _____ Relationship to Minor: _____ Phone: (_____)_____-_____

Name: _____ Relationship to Minor: _____ Phone: (_____)_____-_____

- **Emergency Contact:**

Name:_____ Phone #: (_____)_____-_____ Relationship to Minor:_____

Additional- if unable to reach above:

Name:_____ Phone #: (_____)_____-_____ Relationship to Minor:_____

By signing below, you are authorizing the minor patient listed above to be seen at REN Dermatology without a Parent/Guardian present for any medical and/or cosmetic visits.

Signature (Parent/Guardian): _____ ***Date of Signature:*** _____

Print Name: _____ ***Relationship to Child:*** _____