



## Consent to Treat a Minor

It is the policy of Montana Dermatology that all minors (under 19 years of age) seeking dermatologic treatment for the very first time or upon the onset of a new problem be accompanied by a parent or legal guardian.

After the initial appointment, a minor may be seen by Montana Dermatology for the same diagnosis without a parent or guardian present, upon completion of a **Consent to Treat a Minor** form. **A NEW PROBLEM WILL REQUIRE THE PRESENCE OF A PARENT OR LEGAL GUARDIAN.** This form authorizes Montana Dermatology to evaluate and treat your minor child with your consent.

I authorize and give consent to Montana Dermatology for the evaluation and medical treatment of my minor child without the presence of a parent or legal guardian.

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

***Additional person to contact in the event the parent or legal guardian cannot be reached:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

***(NOT a Parent or Legal Guardian)***

Phone Number(s): \_\_\_\_\_