

Advanced Skin Institute

Cutting Edge Medical, Surgical,



www.advancedskininstitute.com

IF THE PATIENT IS A MINOR (under 18 years of age), the Parent or a Legal Guardian must read, complete and sign the following form (This form is required to allow us to evaluate, treat, and bill for medical goods and services provided to a minor)

CONSENT for TREATING of MINOR

I consent to having the Advanced Skin Institute conduct examinations, and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor child noted below.

Regarding the below noted minor child, I am an adult who is the: Mother Father Legal Guardian

Printed name of Parent/Guardian: _____

Contact Telephone Number: _____

In my absence, I consent to having the Advanced Skin Institute conduct examinations, and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor child noted below.

I should be consulted prior to minor procedures such as mole removal, acne treatment, and wart treatment? Yes No

X _____
Parent (or Responsible Party) Signature

Date Signed

Minor child/ Patient's printed name: _____

Patient's Age: _____

X _____
Witness Signature

Date Signed