



Georgia Mountain Dermatology

Consent to Treat a Minor Without Parent/Legal Guardian Present

By law any child under the age of 18 years old cannot be seen by a provider without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's name: _____ **DOB:** _____

For the occasions when a parent or legal guardian can not be with their minor child, please list those individual(s) whom you **authorize to bring your minor child** to Georgia Mountain Dermatology for diagnostic evaluation and treatment (other than parents):

Name: _____ **Relationship to Patient:** _____

Name: _____ **Relationship to Patient:** _____

LIMITATIONS:

Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult** present. This consent may only apply to **minors age 16 and older**.

This consent to see my minor child **without an adult present** shall be in effect for:

- Date _____ **(only)** **OR**
- Indefinitely, until revoked by written consent.

AUTHORIZATION:

I (parent/legal guardian name) _____ request and authorize Georgia Mountain Dermatology, LLC to deliver dermatologic care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child.

I have read, understand, and give my consent as stipulated above. My signature means that I have read and understand this form.

Parent or Legal Guardian (please print) _____ **Relationship** _____

Parent or Legal Guardian Signature _____ **Date** _____