dermatology SOLUTIONS

Consent to Treat a Minor

NOTE: Parent or legal guardian must accompany a minor child to their first office visit. At that time a photo ID and signed authorization will be obtained from the parent/ guardian.

I, the parent/ guardian of _____

a minor, whose date of birth is _____

do hereby allow my child to attend his/her scheduled appointment at **Dermatology Solutions** in my absence. I further authorize Dr. Xuan Nguyen and the staff of **Dermatology Solutions** to both diagnose and treat my child's skin condition, as needed.

This consent applies to:

☐ One visit only on (date): _____

☐ All future visits, as needed

☐ Consent expiration on (date): _____

Signature of Parent/Guardian: Date:

_____ _____

Signature of Witness: Date:

_____ _____