Consent to See Minors Without Parent or Legal Guardian

At Allied Dermatology and Skin Surgery, LLC all minors seeking medical treatment must be accompanied by a parent or legal guardian during the initial office visit for a new problem or condition. After the initial appointment, a minor may be seen without a parent or legal guardian for **ongoing treatment only** with a written authorization from the parent or legal guardian for treatment of the conditions specified in this consent.

I hereby give permission for the providers and staff at Allied Dermatology and Skin Surgery, LLC to treat my minor's **ongoing dermatological condition** (previously diagnosed or treated).

Date of Scheduled Visit: ______________________

Patient's Name: ____________________________________

DOB: ________________________

Authorized reason for follow up examination or treatment: ______________________________
(i.e. acne, warts, eczema) by the parent or legal guardian.

I understand that if my minor has a new dermatological condition, needs change from current treatment therapy or needs a surgical procedure an additional appointment will need to be scheduled. The parent or legal guardian **MUST** be present to discuss potential treatment options, possible short- and long-term side effects or complications from the recommended treatment option(s) and give verbal or written consent to proceed with the recommended treatment(s).

I understand this follow up office visit will incur associated copays/deductibles/coinsurance as required by my insurance company.

I, ______________________________, am the parent or legal guardian of the above listed minor child. I have the legal right to consent for medical treatment for this patient. I hereby authorize Allied Dermatology and Skin Surgery, LLC to provide ongoing medical treatment for the above indicated condition(s). I understand that this consent will be valid for the above date of service only.

____________________________	____________________________	____________
Parent/Guardian Name	Parent/Guardian Signature	Date

: (330) 665-0555
: (330) 665-0556
3624 W. Market Street
Akron, OH 44333

: (440) 266-5500
: (440) 266-5505
9485 Mentor Avenue, Suite 102
Mentor, OH 44060

: (216) 382-3806
: (216) 382-6735
5915 Landerbrook Dr., Suite 120
Mayfield Heights, OH 44124