WEST
GEORGIA
DERMATOLOGY

PMS ID

Consent for Medical Treatment of a Minor

Patient Name _____ Patient Date of Birth _____

All minors seeking medical treatment must be accompanied by a parent/legal guardian during the first office visit for a new problem. After the initial appointment, a minor may be seen for treatment only with written authorization from the parent/guardian under the conditions specified in this consent. If the parent/legal guardian cannot attend the appointment, the following instructions that you select will be adhered to in the treatment of the minor patient:

REFILLS:

yes/no ☐☐ ***I authorize West Georgia Dermatology to re-fill prescriptions for the minor as deemed necessary for treatment.***

NEW DIAGNOSIS:

yes/no ☐☐ ***I authorize West Georgia Dermatology to treat a new diagnosis under the condition that West Georgia Dermatology obtains verbal consent from the parent/legal guardian before the new diagnosis is treated.*** If a new diagnosis is rendered during a return visit during which the parent/legal guardian is not present, West Georgia Dermatology may treat the new diagnosis with verbal consent from the parent/legal guardian. If the parent/legal guardian cannot be reached at the time of the visit, the new diagnosis will not be treated and a follow-up appointment will be scheduled.

NEW PRESCRIPTIONS:

yes/no ☐☐ ***I authorize West Georgia Dermatology to write new prescriptions for the minor as deemed necessary for treatment.*** Some medications require that bloodwork and/or a pregnancy test (such as Accutane for the treatment of acne) be given before prescribing/refilling. In these circumstances, the parent/legal guardian/appointed adult must be present.

OFFICE PROCEDURES:

yes/no ☐☐ ***In the absence of a parent/guardian/appointed adult, I authorize the minor patient to sign any required consent forms for treatment of lesions requiring minor procedures such as biopsies, liquid nitrogen or injections.*** Any procedure performed by West Georgia Dermatology requires that a separate consent form specific to that procedure be signed by the patient or the parent/legal guardian/appointed adult prior to every treatment.

CREDIT CARD ON FILE:

yes/no ☐☐ ***I authorize West Georgia Dermatology to securely store the credit card information provided by me and to charge this card for any services rendered to the minor, in accordance with the practice's billing policies and procedures***

If you need to send your child to their appointment with an adult other than yourself/legal guardian, please complete this section:

I appoint the following adult _____, whose relationship to the child is _____, to consent to medical care which is deemed necessary by West Georgia Dermatology as authorized herein. A parent/ legal guardian may appoint another adult to accompany the minor patient to the appointment. If the parent/ legal guardian is not available, Georgia statute allows only certain adults to consent for medical treatment to minors if parental consent cannot be obtained. These are: a grandparent, an adult brother, sister, aunt or uncle, and any adult who has actual care, control, and possession of the minor and has written authorization to consent from the parent/legal guardian.

I, _____, am the parent/legal guardian of the minor child _____. I have the legal right to consent for medical treatment for this patient. I hereby authorize West Georgia Dermatology to provide medical treatment as indicated above. I understand that this consent will be valid for 12 months from the date signed unless revoked by me in writing.

_____ _____ _____

Parent/Guardian Name Parent/Guardian Signature Date