



## **Consent for Medical Treatment of a Minor Patient in Parental Absence**

Juniper Dermatology requires that a minor patient must be seen and accompanied by a parent or legal guardian at the first visit. After the initial visit, if the parent or guardian would like the minor patient to be seen unaccompanied, we must have a signature authorization. Please fill out the form and fax, mail or deliver to the office.

Minor Patient Name: \_\_\_\_\_

Patient Date of Birth and Age: \_\_\_\_\_

### **Person giving consent for treatment:**

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Relation (check one):  Parent  Guardian  Managing Conservator of the Minor

### **Authorization (check one):**

\_\_\_\_\_ I hereby give my consent to have \_\_\_\_\_ seen and treated by Juniper Dermatology, Dr. Gammon and/or Dr. Kamalpour without my presence.

\_\_\_\_\_ I give authority to the educational institution in which the patient is enrolled to provide consent to medical treatment for the above named patient in my absence.

\_\_\_\_\_ I give authority to the adult who has care/control of the patient to provide consent to medical treatment for the above named patient in my absence.

Adult's name and relationship to patient: \_\_\_\_\_

**I give Juniper Dermatology the right to discuss and treat the above patient's disease of the skin, hair and nails, not limited to prescriptions and procedures deemed necessary by Juniper Dermatology, Dr. Gammon and/or Dr. Kamalpour. I give consent for treatment to begin on the date below and understand I may revoke this consent by giving written notice to Juniper Dermatology.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date