



ASSOCIATED DERMATOLOGY & SKIN CANCER CLINIC OF HELENA, P.C.

CONSENT TO TREAT A MINOR

By law, any child under the age of 18 years old cannot be seen by a doctor 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 specifying this person has been appointed by you to act on your behalf.

You may appoint anyone who is over the age of 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment.

MINOR'S FULL NAME (Please Print): _____
First Name _____ Last Name _____ Middle Name _____

DATE OF BIRTH: _____

For occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

Name _____	Relationship to Patient _____
Name _____	Relationship to Patient _____
Name _____	Relationship to Patient _____

____ Initial here if you wish to give consent for the minor to receive non-invasive medical care without an accompanying adult, which shall be in effect for _____ days only, or _____ (initial here) indefinitely, until revoked by written communication.

Please be advised that we will not be able to perform any invasive procedures unless a parent or legal guardian accompanies the minor to their appointment. If such services need to be performed, another appointment will need to be scheduled in which the parent or legal guardian must be in attendance. Also, the minor cannot sign for the yearly update on the Patient Consent and Billing/Payment Policy forms.

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

Parent or Legal Guardian Signature

Relationship to Patient

Date