



Phone: 540-885-4500 Fax:
540-885-4600

CONSENT TO TREAT A MINOR

Patient Name: _____ DOB: _____

Parent/Guardian: _____

The following statement was read by the parent/guardian listed above:

I understand that I or another parent/legal guardian **must be present for my child's first appointment**. I give permission to the following listed adults who are 18 years or older to accompany my child to subsequent visits in accordance with the office policy of Shenandoah Dermatology, which is listed below:

After minor's initial visit:

***Parent or legal guardian MUST be present for any invasive procedure** such as liquid nitrogen to treat warts or molluscum, biopsies, injections or blood draws. If the parent or legal guardian is not present, the procedure will not be performed and patients will be asked to schedule another appointment when the legal parent or guardian can be present.

*(ACUTANE) is a high-risk medication used for the treatment of acne. **Patient's parent or legal guardian MUST be available by phone to confirm the patient's behavior and mental status in order for the patient to obtain their prescription for Accutane.** They must also agree to dosing changes and lab test that will need to be performed. If parent or legal guardian is not present, the patient will be given a lab slip to take to an outside lab. **If parent or legal guardian cannot be reached in a timely manner during patient's appointment, patient may be asked to reschedule their appointment.**

Patients parent or legal guardian will be asked to provide a password that will be verified at subsequent visits when calling in for a minor's appointment

_____ please provide password (please write password down or use something that you will remember)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

I agree to be available by phone and to be financially responsible for all copays and coinsurance.

I also understand this signed consent will be valid until the minor child is 18 years of age, or unless I withdraw this permission in writing.

I certify that I understand and agree to the foregoing permission statement.

Signature: _____ Date: _____

*****paperwork will be required for all legal guardians at time of visit before minors can be seen*****