



*SKIN: Health, Safety, Beauty.*

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### Consent to Treat Minor Patient (Age 17 and Younger)

West County Dermatology requires that a minor patient must be seen and accompanied by a parent or adult 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 signature authorization. Please complete form and fax, mail, or deliver to our office:

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

Patient Date of Birth: \_\_\_\_\_

Person giving consent for treatment: \_\_\_\_\_

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

Relationship (parent/legal guardian): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my consent to have \_\_\_\_\_ seen and treated by the providers of West County Dermatology without my presence.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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