ACDA
aesthetic
and clinical
dermatology
associates

Authorization to Treat a Minor

Aesthetic & Clinical Dermatology Associates suggests that parents or guardians with minor children complete this Consent to Treat Minor Form. This gives legal permission to treat your child if you cannot accompany your child.

The law requires that we receive permission from a parent or guardian before treatment if it is not life threatening.

This authorization will remain in effect until revoked in writing by parent/guardian.

This authorization shall remain a permanent part of my child's Aesthetic & Clinical

Dermatology Associates Medical Record.

I, _____
Parent(s) or Legal Guardian- please print

give permission to: Aesthetic & Clinical Dermatology Associates to provide

dermatological care for my child _____.

It is without pressure or coercion that I sign this consent.

Signature: _____ Date: _____
Parent/Legal Guardian

Signature: _____ Date: _____
Parent/Legal Guardian

Witness: _____ Date: _____
Medical Staff