



## Consent to Treat Minor Patient Without Parent/Legal Guardian Present

By law, Kayal Dermatology & Skin Cancer Specialists must receive permission from a child's parent or legal guardian before providing treatments for any injury or illness that is non-life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment.

### NOTE:

- A parent/guardian must attend a minor's **first** appointment.
- Minors may not receive immunizations without a parent/guardian present.
- In certain circumstances, in accordance with state and federal laws, parent/guardian permission may not be needed for adolescents being seen for concerns of "heightened sensitivity" such as STD testing, family planning, mental health, etc.

Minor's name: \_\_\_\_\_ DOB: \_\_\_\_\_

For those 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

☐ Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**. This consent may only apply to **minors age 16 and older**.

We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered. All applicable payments for treatment are due at the time of service. Checks can be made out to Kayal Dermatology & Skin Cancer Specialists

**In case of emergency, I can be reached at:**

**Address:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Work or Home Number:** \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_ Guardian Printed Name: \_\_\_\_\_

Guardian Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_ Chart #: \_\_\_\_\_