



Consent for Medical Treatment of a Minor

Lone Star 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 fill out the form and fax, mail or deliver to the office.

Minor Patient Name: _____

Patient Date of Birth and Age: _____

Person giving consent for treatment:

Name _____

Daytime Phone _____

Relation: check one

_____ Parent

_____ Legal Guardian

_____ Managing Conservator of the Minor

Authorization (please mark appropriate space)

_____ I hereby give my consent to have _____ seen and treated by Lone Star Dermatology without my presence.

_____ I give authority to (check below) consent to medical treatment for the above-named patient in my absence to:

_____ Adult who has care/control of the patient, please specify:

Name and relation _____

I give Lone Star Dermatology the right to discuss and treat the above patient's disease of the skin, hair, and nails, not limited to any prescriptions and procedures deemed necessary by Lone Star Dermatology. I give consent for treatment to begin on the date below and understand I may revoke this consent by giving written notice to Lone Star Dermatology.

I, _____, am the parent/legal guardian of the minor child _____. I have the legal right to consent for medical treatment for this patient. I hereby authorize Lone Star Dermatology to provide medical treatment as indicated above. I understand that this consent will be valid unless revoked by me in writing. I understand that I am financially responsible for the patient, even if I am choose to not be physically present for the visit. By signing this form, I also understand that I will rely on the patient to relay the important information from the visit to me. Lone Star Dermatology is not responsible for any information that the patient withholds from me. If the parent/legal guardian is not available, the Texas Family Code allows only certain adults to consent for medical treatment to minors if parental consent cannot be obtained. These are: a grandparent, an adult brother, sister, aunt or uncle, and any adult who has actual care, control, and possession of the minor and has written authorization to consent from the parent/legal guardian.

Parent/Guardian Signature: _____ Date: _____