

BAY AREA DERMATOLOGY
Consent for Treatment of Unaccompanied Minors

It may be more convenient to have prior authorization in place so that medical care may be delivered directly to minors if parent or legal guardian cannot be present prior to or during treatment.

A minor must be accompanied by a parent on the initial office visit.
Please note that patients 18 years of age and older do not require authorization.

Please bring the signed form with you should the child need to be seen alone after this visit.

This will verify that we/I hereby authorize doctors from Bay Area Dermatology or those designated by them to evaluate, diagnose, and treat my child(ren) brought by a person other than ourselves or when reporting unaccompanied, to Bay Area Dermatology. I understand I can revoke this consent at any time in writing.

Please complete the form below:

My child(ren) whose name(s) and date(s) of birth follow:

Names	Dates of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

CONTACT INFORMATION

If emergent care is needed, first try to contact me (us) regarding the medical situation of my (our) child at the following telephone number(s). If you are unable to contact me, then you may rely on the designated decision maker's judgment (physician).

Parent/Legal Guardian _____	Parent /Legal Guardian _____
Day Phone _____	Day Phone _____
Evening Phone _____	Evening Phone _____
Cell Phone _____	Cell Phone _____

This permission is valid until revoked by notice to Bay Area Dermatology in writing.

I (we) have the legal right to preauthorize Bay Area Dermatology Associates to deliver medical treatment to my (our) child(ren).

Signed: _____
Signature of a custodial parent or legal guardian
Date: _____

Signed: _____
Witness Verification
Date _____

Regardless of the type of authorization given in this document, this consent must be renewed annually as it becomes null and void after the last day of each year