



Advanced Dermatology Care (ADC) requires consent by a parent or legal guardian in order for the treatment of any minor patient. In the event where a minor patient is accompanied to ADC by someone other than the parent or legal guardian, the below authorization must be presented to the provider prior to providing services to the minor.

If ADC does not have written consent "to treat" on file at time of visit, minor patient will not be seen.

I, _____ (Circle your relationship to the patient) Birth Parent, Legal Guardian give consent for the individual(s) identified below to bring the minor patient to ADC for medical treatment. I hereby authorize ADC to provide medical care to my minor child in accordance with the authorization and without obtaining additional consent from me.

Print full name of minor patient

Date of Birth

Print name of person bring minor patient in for appointment

Relationship to minor

Purpose of visit (appointment for)

Phone number where birth parent/legal guardian can be reached

(THIS FORM CAN BE REVOKED AT ANY TIME)