

SKIN REHAB DERMATOLOGY / AESTHETICS 15 East 7th Street Grafton, ND 58237 info@theskinrehab.com P: 701.379.0140 / F: 701.379.0145

Consent to Treat a Minor

It is the policy of Skin Rehab that all minors (under 19 years of age) seeking dermatologic treatment for the very first time or upon the onset of a new problem be accompanied by a parent or legal guardian.

After the initial appointment, a minor may be seen by Skin Rehab for the same diagnosis without a parent or guardian present, upon completion of a Consent to Treat a Minor form. A new problem will require the presence of a parent or legal guardian. This form authorizes Skin Rehab to evaluate and treat your minor child with your consent.

I authorize and give consent to Skin Rehab for the evaluation and medical treatment of my minor child without the presence of a parent or legal guardian.

Patient Name:	Date of Birth:	
Allergies:	Age:	

Parent/Guardian Name (please print):	
Parent/Guardian Signature:	
Relationship to Patient:	
Emergency Contact Name & Phone Number:	

Additional person to contact in the event the parent or guardian cannot be reached:

Person Name:	
Contact Phone Number:	