



CONSENT TO TREAT MINORS

Minor children must be accompanied by a custodial parent or legal guardian for their initial visit. Minor children may be seen on **subsequent** visits with an authorized note, as long as they are not being seen for a procedure requiring custodial parent/legal guardian's signature for consent.

I, _____, authorize any medical provider at Silverberg (West) Dermatology to see and treat my son/daughter, _____, without my presence.

I certify that I am the custodial parent/legal guardian.

Signature of custodial parent/legal guardian

Phone: _____

Date: _____

For Office Use Only

Office Location: _____

Patient Name: _____

DOB: _____

MRN: _____