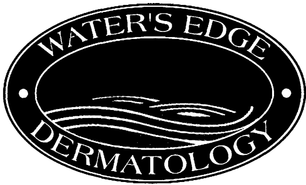

CONSENT FOR TREATMENT OF MINOR

Minor Patient Name: ______________________________ Date of Birth: ______________

I hereby give permission for the following legal adults to make decisions regarding the treatment of my child including, but not limited to, examinations, injections and/or procedures. I understand those listed below will have the authority to authorize treatment.

______________________________ ______________________________
Name Relationship to patient

______________________________ ______________________________
Name Relationship to patient

______________________________ ______________________________
Name Relationship to patient

______________________________ ______________________________
Name Relationship to patient

This authorization will remain in effect unless so designated in writing that such consent for treatment of minor is cancelled. I will notify Water's Edge Dermatology of any changes as to the health status of my child.

______________________________ ______________________________
Name of Parent or Guardian Relationship to patient

______________________________ ______________________________
Signature of Parent or Guardian Date

If approved by my child's practitioner, I authorize and give consent for my child (**age 16 or 17**), listed above, to go independently to appointments for the purpose of **monthly Accutane visit checks only**. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

______________________________ ______________________________
Signature of Parent or Guardian Date

____
Witness Signature/Name

*In the event you are unable to complete in office you must have notarized to be valid.

State of Florida
County of _________________

Sworn to (or affirmed) and subscribed before me this ____day of
_________, ________, by_________________________________.
(month) (year) (name of signer)

____
(Signature of Notary)

(Seal)

____ Personally Known
____ Produced Identification
Type and # of ID ________________________

____
(Name of Notary Typed, Stamped, or Printed)