



Consent to Treat a Minor Without Parent or Guardian

Lake Loveland Dermatology's policy requires a parent/legal guardian to be present with a minor at their appointments. In lieu of this requirement an authorization may be completed by the parent/legal guardian and presented at the time of the minor's appointment.

In the absence of a parent/legal guardian, I _____ authorize Lake Loveland Dermatology to provide medical and/or cosmetic care to my child listed below.

Child's Name: _____

Child's DOB: _____

I _____, authorize Lake Loveland Dermatology to provide medical and/or cosmetic care to my child while under the care of the following caregiver.

Child's Name: _____

Child's DOB: _____

Caregiver Name: _____

I do not want my child to be seen without a parent/legal guardian

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian: _____ **Phone:** _____

Relationship to child: _____