



WESTLAKE  
DERMATOLOGY  
& Cosmetic Surgery

## Consent for Medical Treatment of a Minor

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

All minors seeking medical treatment must be accompanied by a parent/legal guardian during the first office visit for a new problem. After the initial appointment, a minor may be seen for treatment only with written authorization from the parent/guardian under the conditions specified in this consent. If the parent/legal guardian cannot attend the appointment, the following instructions that you select will be adhered to in the treatment of the minor patient:

Please circle yes or no on each of the following items:

yes/no *I require that all treatment must occur in the presence of the parent/legal guardian. I do not want the minor patient in my care to be seen at all in my absence.*

yes/no *I authorize Westlake Dermatology to re-fill prescriptions for the minor as deemed necessary for treatment.*

yes/no *I authorize Westlake Dermatology to treat a new diagnosis under the condition that Westlake Dermatology obtains verbal consent from the parent/legal guardian before the new diagnosis is treated.* If a new diagnosis is rendered during a return visit during which the parent/legal guardian is not present, Westlake Dermatology may treat the new diagnosis with verbal consent from the parent/legal guardian. If the parent/legal guardian cannot be reached at the time of the visit, the new diagnosis will not be treated and a follow-up appointment will be scheduled.

yes/no *I authorize Westlake Dermatology to write new prescriptions for the minor as deemed necessary for treatment.* Some medications require that bloodwork and/or a pregnancy test (such as Accutane for the treatment of acne) be given before prescribing/refilling. In these circumstances, the parent/legal guardian/appointed adult must be present.

yes/no *In the absence of a parent/guardian/appointed adult, I authorize the minor patient to sign any required consent forms for treatment of lesions requiring minor surgical procedures, biopsy, or injections.* Any procedure performed by Westlake Dermatology requires that a separate consent form specific to that procedure be signed by the patient or the parent/legal guardian/appointed adult prior to every treatment.

yes/no *I appoint the following adult \_\_\_\_\_, whose relationship to the child is \_\_\_\_\_, to consent to medical care which is deemed necessary by Westlake Dermatology as authorized herein.* A parent/legal guardian may appoint another adult to accompany the minor patient to the appointment. If the parent/legal guardian is not available, the Texas Family Code allows only certain adults to consent for medical treatment to minors if parental consent cannot be obtained. These are: a grandparent, an adult brother, sister, aunt or uncle, and any adult who has actual care, control, and possession of the minor and has written authorization to consent from the parent/legal guardian.

I, \_\_\_\_\_, am the parent/legal guardian of the minor child \_\_\_\_\_. I have the legal right to consent for medical treatment for this patient. I hereby authorize Westlake Dermatology to provide medical treatment as indicated above. I understand that this consent will be valid for 12 months from the date signed unless revoked by me in writing.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date