

CERTIFIED DERMATOLOGY CONSENT TO TREAT MINOR

CERTIFIED Dermatology of NJ suggests that parents with minor children complete this Consent-To-Treat-Minor form. This form gives legal permission for us to treat your child in case of illness, injury or other reason you cannot accompany them to the visit.

The law requires us to receive permission from a child's parent or legal guardian before treatment of illness or injury that is not life threatening. If this form does not accompany the person bringing the child in for treatment, the parent or legal guardian must be contacted prior to treatment.

This consent will be maintained in your child's medical chart for a period of 24 months from the date signed, unless cancelled in writing. If you wish to change the authorization at any time, please feel free to contact us at 732-456-7777.

I, _____, parent or legal guardian of _____,
DOB _____, do hereby consent to any medical care and administration of
treatment deemed necessary by Certified Dermatology of NJ while my child is under the care of:

Name: _____ Relationship: _____

This authorization is effective from _____ to _____

Signature of Parent/Legal Guardian _____ Date: _____

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Verbal permission is given by parent/legal guardian for child's visit on _____

Employee Signature: _____ Date: _____