



**Consent for Evaluation and Treatment of a Minor**

**If the patient is under the age of 18 years, they must be accompanied by one or both parents at the time of the visit(s). This consent form must be filled out by the patient’s parent to appoint a responsible party (must be 18 years or older) to act as a guardian in place of the parent.**

**Spicewood Dermatology, P.A., and employees have permission to treat (name of patient/minor):**

\_\_\_\_\_

**Name of both parents/legal guardians:**

\_\_\_\_\_

**Appointed responsible party/non-parent:**

\_\_\_\_\_

**Nature/purpose of visit (must be specific – e.g. acne, wart, etc.):**

\_\_\_\_\_

**Date of treatment:**

\_\_\_\_\_

**Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_**