



Diplomats of the American Board of Dermatology  
General, Surgical and Cosmetic Dermatology

Shavano Commons Business Park

Helotes Country Village

Westover Hills

## Authorization and Consent to Treat a Minor

### Appointing a Guardian to Accompany a Minor During Treatment

I, \_\_\_\_\_ authorize and appoint \_\_\_\_\_, as my agent,  
(Parent/Legal Guardian) (Person attending the visit)

for my minor child, \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to Dermatology San Antonio,  
(Patient) (DOB)

for their medical visit. I understand the medical care may include any of the following:

*Evaluation, diagnosis, treatment, and prescription medications*

In addition, it is sometimes necessary to do procedures like; acne cyst injections, incision and drainage, cryo-therapy and biopsies.

I DO or  DO NOT authorize and appoint the person named above to accompany and give consent for and to undergo procedures: acne cyst injections, incision and drainage, cryo-therapy and biopsies.

My authorization is continuous permission  YES or  NO. If **No**, please give specific date of visit \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

### Without A Parent/Guardian Present

I, \_\_\_\_\_ give permission for Dermatology San Antonio, its staff, doctors and providers to treat  
(Parent/Legal Guardian)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, without a parent/ legal guardian being present in  
(Patient) (DOB)

the clinic or patient room during the time of treatment. I understand the medical care may include any of the following:

*Evaluation, diagnosis, treatment, and prescription medication.*

I also understand that a biopsy **will not** be performed unless a parent/guardian or appointed adult **is** present in the room while the biopsy is being

performed.

I also understand that permission **does not** apply if the patient is **under the age of 16**.

Continuous permission \_\_\_\_ yes \_\_\_\_ no If no please give specific date of visit \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)