

Herron and Bodiford Dermatology and Laser

Consent for Minor to be treated
Unaccompanied by Parent / Legal Guardian

Herron & Bodiford Dermatology and Laser requires that a minor patient be accompanied by a parent or legal guardian at the first visit. After the initial visit, if the minor is seen unaccompanied, we must have the parents or legal guardian signature authorization on file. Please fill out the form below.

Minor Patient Name: _____

Patient Date of Birth and age: _____

Parent / Legal Guardian: _____

Authorization (please mark appropriate space)

_____ I hereby give my consent to have _____ seen and treated (biopsy, cryosurgery, laser) by Herron & Bodiford Dermatology and Laser, in the absence of my presence.

Authorization for Medical Photography Unaccompanied by parent or guardian

_____ I give consent for medical photographs to be made of my child (of person for whom I am legal guardian). I understand photographs are for medical purposes only and will remain in the medical records. Photographs may be shared with consulting physicians if deemed medically necessary.

I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

Signature of Parent or Legal Guardian

Date

Witness

Date

Written consent is valid for the time period of: _____ to _____
(Not to exceed one year) at which time a new consent for would be required.