SNYDER
DERMATOLOGY & PLASTIC SURGERY

Consent To Treat Minor Patient Without Parent Present

In order for us to treat a minor without a parent/legal guardian present, please complete this form and return it with a copy of the parent's/guardian's driver's license to Snyder Dermatology / Breast and Body Center of Austin.

I,_____(print name here) am the parent/legal guardian of _____(print name of minor), currently a minor, whose date of birth is_____.

I authorize Snyder Dermatology / Breast and Body Center of Austin to provide medical care to my son/daughter, including, but not limited to, diagnostic examinations (including laboratory testing), treatment procedures, and prescribing of medications as deemed appropriate by his/her physician.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

This consent will remain in effect until the patient reaches the age of eighteen unless revoked in writing to Snyder Dermatology / Breast and Body Center of Austin.

By signing this, I acknowledge I have read and agree to this consent and that any questions I had prior to signing were answered by Snyder Dermatology / Breast and Body Center of Austin.

Payment is expected the day of the appointment and can be made by cash, check, or credit card when checking out or in advance over the phone.

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
Witness Signature Date

Phone Numbers:

Home:_____ Work:_____

Cell:_____