

Minor Patient Consent Form

Date: _____

Patient Name: _____

I consent to letting my child/children come to their scheduled appointments alone without my presence. This consent pertains to the following type of visit:

- Follow-up appointments
- Acne surgery
- Other: _____

My consent is valid from the date above unless I give you verbal or written notice otherwise. My consent is valid only for the above-stated appointment types. I understand that if my child presents with a new problem or an exacerbation of an existing problem requiring new medications/procedures, I will need to be present at the time of such visits. I am okay with attending these visits virtually, if I am available. If am not present physically or virtually in these situations, the appointment will have to be re-scheduled for a later time.

Parent Name/Relationship: _____

Signature: _____