



## *Minor Consent Form*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 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, 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 rescheduled for a later time.

Parent/Guardian Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_