

# Franklin Dermatology Group/Latour Skin Care Center

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## Treatment of Minor Consent Form

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Many times parents/guardians find themselves unable to accompany their child/teen/young adult to appointments. This form has been prepared for your convenience should you at any time be unable to accompany your child/teen/young adult or someone else accompanies your minor child. We require your permission to treat your unaccompanied minor in our office.

Does not apply \_\_\_\_\_  
Parent/Guardian Signature Date

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## Treatment of Minor Unaccompanied

I hereby grant the Providers of Franklin Dermatology Group/Latour Skin Care Center permission to treat my child/teen/young adult when he/she arrives at the office unaccompanied.

\_\_\_\_\_  
**Print Name of Parent/Guardian** **Relationship to Child**

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

**Contact Number(s):** \_\_\_\_\_

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## Treatment of Minor Accompanied by Another Adult

I hereby grant the Providers of Franklin Dermatology Group/Latour Skin Care Center permission to treat my child/teen/young adult when he/she arrives at the office accompanied by another adult.

\_\_\_\_\_  
**Print Name(s) of Authorized Adult who will be bringing my Minor child/teen/young adult**

\_\_\_\_\_  
**Print Name of Parent/Guardian** **Relationship to Child**

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

**Contact Number(s):** \_\_\_\_\_

Payment is required at the time services are rendered as outlined on our patient intake form under *Agreement to Pay*.

The Providers of Franklin Dermatology Group/Latour Skin Care Center reserve the right to refuse treatment of the minor for any reason.

**This form expires in one year unless revoked in writing by the parent or guardian.**