DERMWELLESLEY

PATIENT FORMS | UPDATED JANUARY 2025

CONSENT FOR TREATMENT OF A MINOR CHILD

I, as parent or guardian of Name/DOB: _____, do hereby request and authorize the physicians and staff of DermWellesley, LLC to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

1. _____
2. _____
3. _____

_____ _____

Signature of Parent or Guardian *Date*

_____

Printed Name of Parent or Guardian

_____ _____

Witness Signature *Date*

_____

Printed Name of Witness

<u>This form should be witnessed by a member of the DermWellesley team</u>. If you are unable to accompany your child to his or her initial appointment, your signature must be notarized.