

Pediatric Dermatology

Associates of Erie LLC

CONSENT FOR TREATMENT OF MINOR WITHOUT PRESENCE OF THE PARENT/ LEGAL GUARDIAN

I. CONSENT TO TREATMENT

This consent cannot be modified. Any handwritten changes to the form shall not be legally binding or enforceable.

At Pediatric Dermatology Associates of Erie (PDAE), we understand that from time to time a parent/legal guardian may not be able to bring his/her child to an appointment. PDAE will agree to see the child without an adult present with this completed consent and provided that:

1. The child is 16 years of age or older.
2. The parent/legal guardian is available by telephone during the time of the appointment.
3. The parent/legal guardian has signed all of the required documentation.
4. The parent/legal guardian has informed our office that they will not be present during the appointment BEFORE the child arrives in the office for the appointment.
5. The child brings insurance cards and copayments.

1. I give permission to Pediatric Dermatology Associates of Erie (PDAE) to treat my son/daughter (circle) _____ without my physical presence in the office for the following conditions/diagnoses: _____

2. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

3. This authorization shall be effective until 1 year from the date signed.

4. I understand and agree to PDAE's Treatment of Minor Consent Form and its terms.

Patient/Parent/Guardian Signature	Date	Signature of Parent/Guardian Name (please print)
Relationship to Patient	Date	Signature of PDAE Representative