

Patient Name: _____

Date of Birth: _____

Street Address: _____

City: _____ Zip code: _____

Consent for Services of a Minor

In almost all cases, Dr. Cynthia Tie and Dr. David Pascoe requires written consent from a parent or legal guardian in order to provide healthcare services in the office for a minor child under the age of 18.

All parent(s) or guardian(s) are encouraged to attend all medical appointments with their minor child, but we understand that is not always possible. To avoid having to reschedule appointments when a parent or guardian is unable to attend, this consent form authorizing Family Dermatology of North Florida and their Providers to give medical care must be signed by the appropriate person.

If a minor child presents to our office unaccompanied or in the company of an adult other than a parent or legal guardian, our office will be unable to give care or services without this signed form.

I, do hereby state that I am the parent or legal guardian I authorize and consent to

the professional services provided at the office of Family Dermatology of North Florida. including exams, services or any additional treatment necessary in the Provider's judgment to protect the health and safety of my minor child.

Signature of parent or legal guardian

Date