



CONSENT TO TREAT A MINOR

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf. You may appoint anyone who is over the age of 18 to be responsible for your child when you are unable to accompany them to their dermatology appointment. A new "Consent to Treat a Minor" form is required for each visit that a child is seen without his/her parent/legal guardian.

Minor's Full Name: _____

Minor's Date of Birth: _____ Today's Date: _____

I grant _____ (an adult in whose care, the minor has been entrusted) to arrange for and authorize dermatology treatment at RidgeView Dermatology.

_____ Please initial here if you are authorizing the minor to seek and consent to treatment with no adult present.

Please be advised that we will not be able to perform any invasive procedures unless a parent or legal guardian accompanies the minor to their appointment. If such services need to be performed, another appointment will need to be scheduled in which the parent or legal guardian must be in attendance. It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service. My signature means that I have read, understand and give my consent as stipulated above.

Signature: _____ Date: _____

Relation to patient: _____

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