



Access Dermatology & Spa

Medical and Cosmetic Skin Care

Convenient, Comprehensive and Accessible

**563-A Neff Avenue,
Harrisonburg, VA 22801**

Phone: 540-434-1756

Fax: 540-434-1840

CONSENT TO TREAT A MINOR

Patient Name: _____ Male Female DOB: _____

Address: _____

City _____ State _____ Zip Code _____

Phone #: _____

Parent/Guardian _____

The following statement was read by the parent/guardian listed above:

I give written permission for Access Dermatology, P.C. and its representative physicians to make medical decisions/treat my child as listed above, since I, the parent/legal guardian listed above may not be present at all his/her scheduled visits.

I understand that I or another parent/guardian must be present for my child's first appointment. I also understand this signed consent will be valid until the minor child is 18 years of age, or unless I withdraw this permission in writing.

I certify that I understand and agree to the foregoing permission statement.

Signature: _____ Date: _____