CENTRAL VALLEY
SKIN SPECIALISTS

Consent for Treatment of a Minor

Patient Name_____ DOB: _____

At Central Valley Skin Specialists, it is our policy that a parent or guardian must accompany a minor for their first visit or any subsequent visit addressing a new skin concern. For follow-up visits related to the same diagnosis, the minor may be seen unaccompanied, provided this consent form has been signed.

This form authorizes Central Valley Skin Specialists to prescribe medications and perform minor surgical procedures, including liquid nitrogen treatment, injections, and other minor destructive techniques, in the absence of a parent or guardian.

I hereby give Central Valley Skin Specialists consent for medical treatment of my child if a parent or guardian is not present. This authorization is to remain in place until the minor turns 18 years of age or the consent is revoked in writing.

Name of Authorized Adult _____

Relationship to Minor _____

Signature _____ Date_____