

**IDI Skokie/Northbrook
CONSENT FORM FOR TREATMENT OF A MINOR**

At times, parents or legal guardians may find themselves unable to accompany their child to an appointment. This form has been prepared for your convenience should this be the case for your child.

- It is the policy of Illinois Dermatology Institute, LLC that for the first visit (i.e. the patient is new to our office) or for a new problem, the parent/legal guardian should be present during this visit.
- After the initial appointment, a minor may be seen here for treatment of the same diagnosis without the parent/legal guardian present as long as this consent form is signed.
- If a new diagnosis is rendered during a return visit, the parent/legal guardian may need to be contacted and permission granted if the new problem is to be treated.

Consent for Medical and Surgical Treatments of a Minor:

- This form authorized Illinois Dermatology Institute to evaluate and treat your minor child/charge without you (the parent/legal guardian) being present. This permission includes treatment of lesions requiring minor surgical procedures, injections, cryotherapy with liquid nitrogen or other minor destructive techniques, and the writing of all prescriptions.
- I hereby give consent to the Illinois Dermatology Institute for medical evaluation and treatment of my child/charge if a parent/legal guardian is not present.
- I understand that copays are due at the time of service. If I am unable to accompany my child, I will ensure he/she will be prepared to cover the copay on the date of service (as required by my insurance company).

Name of the minor (please print): _____ Date of Birth _____

Authorized Adult (please print):

Relationship to patient:

Signature of Parent/Legal Guardian: _____ Date: ____/____/____

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