



MDI Consent to Treat a Minor

This is a legal document. This form must be completed in order for Midwest Dermatology Institute to provide care for anyone under 18 years of age, who is not accompanied by their legal guardian.

Child's Full Name: _____

Date of Birth: _____ Sex: _____

Parent/Supervising Adults

Parent/Supervising Adult Full Name: _____

Date of Birth: _____ Mobile Phone: _____

Check this box if also a patient here at MDI

Parent/Supervising Adult Full Name: _____

Date of Birth: _____ Mobile Phone: _____

Check this box if also a patient here at MDI

I grant my authorization and consent for the supervising adult(s) named above to seek medical attention for my child, including contacting medical personnel, transporting the child to the necessary clinic and providing consent for any medical procedure, medication, treatment, or care diagnosis administered by any licensed medical personnel.

This authorization is given, prior to any immediate or pressing medical need, in order to provide the power of decision and the authority to act on the prudence and judgment of the Supervising Adult, with the provided input of authorized medical personnel. This medical consent is authorized to begin on the date indicated below and will remain in effect until the minor turns 18 years of age.

Parent/Legal Guardian Signature

Date