

PARENTAL CONSENT FOR MEDICAL CARE FOR UNDERAGE PATIENTS

Massachusetts law requires parental consent for medical, surgical, and psychiatric treatment of minors. IN MASSACHUSETTS, MINORS ARE INDIVIDUALS UNDER 18 YEARS OF AGE.

Goldstein Dermatology encourages you to accompany your child to his/her appointments. However, on those rare occasions when you cannot, we must have your consent to see and treat your child in your absence.

CONSENT TO MEDICAL TREATMENT:

Patient Name: _____

Patient Date of Birth: _____

I, (name) _____, am the parent or legal guardian of the minor patient above.

I hereby authorize Goldstein Dermatology to see and treat my son or daughter and consent to the performance of medical treatment by Goldstein Dermatology for my son or daughter in my absence.

Parent/Legal Guardian Name and Address:

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Parent/Legal Guardian Signature Date

Clinical Staff Date