

RAJAN DERMATOLOGY

Minor Consent to Treat

I hereby authorize Dr. Betty Rajan or other healthcare providers at Betty Rajan, MD to treat my child

_____ today and when I am not present. If a surgical procedure needs to be performed for any condition other than acne and warts, I will be contacted beforehand. I hereby acknowledge that all my questions have been answered about this formality and agree to this consent.

Parent or Guardian (Printed)

Date

Parent or Guardian (Signature)