



**ALL CHILDREN**

All Minors must be accompanied by a parent or legal guardian on their first visit to Westgate Skin & Cancer. No exceptions.

**CHILDREN 15 YEARS OR YOUNGER**

Minors that are 15 years old or younger must be accompanied by a parent, legal guardian, or an authorized adult for all office visits. Minors that are 15 years old or younger that are not accompanied by a parent, legal guardian, or authorized adult will be asked to reschedule their appointment. Parents or legal guardians may authorize an adult to accompany a minor under their custody after their first visit.

**CHILDREN 16 TO 17 YEARS OLD**

Minors that are between the ages of 16 and 17 years old can be seen for follow-up appointments without a parent or legal guardian upon the parent or legal guardian providing authorization below.

**AUTHORIZATION**

I authorize Medical Providers and the staff of Westgate Skin & Cancer to examine, treat, and/or perform all medical and/or minor surgical procedures.

I further understand that I, the parent or legal guardian, am responsible for all costs of all treatments and/or procedures, whether or not such medical treatments and/or procedures are covered by insurance. I understand that I am responsible for all charges and I will settle any estimates or balances due to Westgate Skin & Cancer for any and all costs incurred by the named minor patient.

**PATIENT/MINOR INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

**AUTHORIZED ADULT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Authorized Adult Relationship to Parent or Legal Guardian \_\_\_\_\_

**SIGNATURE**

I understand that my signature below confirms that I have read, understand, and consent to the treatment of a minor.

\_\_\_\_\_  
Patient, Guardian, or Responsible Individual Signature

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date Signed