

# **BAKERSFIELD DERMATOLOGY & SKIN CANCER MEDICAL GROUP**

(661)327-3756 5101 Commerce Drive, Suite 101 Bakersfield, CA 93309 Fax (661)327-2332

## **Consent Form for Treatment of a Minor**

**Minor Name:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_

**DOB:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

Many times, parents/legal guardians find themselves unable to accompany their child to an appointment. In order for us to treat your child without your presence, the completion of this form is required. We will also need a copy of the authorizing parent/legal guardian's driver's license as well as a current credit card on file for any copayment or account balance.

This form authorizes Bakersfield Dermatology to provide medical care to your child without you present. This authorization of medical care is for treatment that may include but not limited to treatment of lesions requiring minor surgical procedures, injections, cryotherapy with liquid nitrogen, laboratory testing, Accutane monitoring, and prescribing of medication. Should your child require more invasive diagnostic or surgical procedures, you will be contacted.

This consent form will remain in effect until the child reaches the age of eighteen, or revoked by either the authorizing parent/legal guardian or by Bakersfield Dermatology.

Your signature below acknowledges that you have read and understand the consent form, authorize the treatment of the above-named minor and authorize the processing of the credit card provided below.

Name on Card: _____			
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover <input type="checkbox"/> AE
Card Number:	_____		Exp: _____
Security Code:	_____	Zip Code: _____	Mail/Email Receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	_____		

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**JEFFREY J. CROWLEY, M.D.**  
DIPLOMATE, AMERICAN BOARD OF DERMATOLOGY

**SHANNA TRENOR, M.D.**  
DIPLOMATE, AMERICAN BOARD OF PEDIATRICS  
FELLOWSHIP, PEDIATRIC DERMATOLOGY

**ANITA S. GARRETT, PA-C**  
CERTIFIED IN SURGERY,  
DIPLOMATE, SDPA

**KRISTIN TOTORAITIS, M.D.**  
DIPLOMATE, AMERICAN BOARD OF DERMATOLOGY

**CAITLIN GHILARDUCCI, PA-C**  
CERTIFIED PHYSICIAN ASSISTANT

BD 05/01/2024