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## Consent Form for Treatment of a Minor

**Consent for Treatment of a Minor:** Treatment of minors requires a team effort by the medical care provider(s) and the minor's parent or guardian. The parent or guardian's responsibility includes supporting the medical directives given by the medical provider. The medical provider's role includes ensuring that the parent or guardian is aware of and concurs with the treatment their child or charge receives.

**Treating minors in the clinic:** It is the policy of Daphne Panagotacos M.D, Inc. that all minors seeking dermatologic treatment be accompanied by a parent/legal guardian during the first office visit for a new problem. After the initial appointment, a minor may be seen for treatment of the same diagnosis without the parent/legal guardian present if this consent form is filled out and maintained in the minor's medical record. If a new diagnosis is rendered during a return visit, the parent/legal guardian will need to be contacted and permission will need to be granted before a new diagnosis can be treated.

**Consent for Medical and Surgical Treatments:** This form authorizes the dermatology providers of Daphne Panagotacos, M.D., Inc. to evaluate and treat your child/charge. This permission includes treatment of lesions requiring minor surgical procedures, injections, and the writing of all prescriptions.

I authorize and give consent to the dermatology providers at Daphne Panagotacos, M.D., Inc. for medical evaluation & treatment of my child/charge if a parent/legal guardian is not present. This authorization must be completed annually until the minor is 18 years of age.

Name of Patient: \_\_\_\_\_

Birth Date of Patient: \_\_\_\_\_

Patient Allergies: \_\_\_\_\_

Patient Medical Problems/Conditions: \_\_\_\_\_

Date of Birth of Parent/Guardian: \_\_\_\_\_

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

Phone number of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_