



Gill Plastic Surgery & Dermatology

Consent to treat Minors

Patient Name: _____ Date: _____

Children 16-17 years old:

Minors 16-17 years old MUST have a parent/guardian for the initial office visit otherwise they will be asked to reschedule their appointment. If the patient is 16-17 years old, they can be seen for follow up appointments without a Parent/Legal guardian only if Parent/Legal guardian fills out and signs this consent form authorizing Paul Gill MD or Anita Gill MD to provide treatment to their teen.

I hereby grant Paul Gill MD or Anita Gill MD permission to treat my 16-17 year old teen when they arrive at the office unaccompanied on:

_____ until _____
Date of Permission End Date of Permission

_____ ____/____/____
Signature of Parent Date

Minors 15 years old and younger MUST have an adult present for all office visits or they will be asked to reschedule their appointment.