



**INFORMED CONSENT FORM:  
PARENTAL CONSENT FOR MEDICAL AESTHETIC TREATMENT**

As the parent or legal guardian, I hereby request and authorize Skin Dermatology, to allow my minor child to participate in the treatment(s) in which Consent Forms have been signed.

I have read, understand and signed all practice policies and consent forms, and hereby agree to abide by these policies and affirm that the minor whom I am signing for is fully capable of and able to comply with all policies. I have also informed the Medical Aesthetician of all relevant medical history and concerns. I fully understand the scope of the medical aesthetics treatment(s).

I understand that before the treatment, I have the right to ask Skin Dermatology Personnel about the treatment and steps they will be doing to perform the treatment. I also have the right to be present in the room during the treatment(s) but will conduct myself in such a way as to allow the Medical Aesthetician to do their job without interruption or distraction.

I confirm that I have read and fully understand all information on the applicable forms for this treatment and accept responsibility on my child's behalf for any disclosures or liability described on those forms. I agree to supervise any home care procedures that are recommended as a result of the treatment.

**I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.**

Client\*: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

\* Parent or legal guardian if patient is under age 18 or unable to authorize consent.