



DERMATOLOGY,  
LASER & SURGERY  
OF FLATIRON PLLC

Elie Levine, MD • Plastic Surgery | Jody A. Levine, MD • Dermatology

## **CONSENT TO TREAT A MINOR CHILD IN THE ABSENCE OF A PARENT OR GUARDIAN**

I hereby authorize the physicians and/or physician's assistants of Dermatology, Laser And Surgery Of Flatiron PLLC to treat my child in my absence.

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

I understand that a separate consent form must be duly executed for each appointment, and that this consent form is only valid for the appointment date entered above.

I understand that no surgical procedure will be performed without an additional, procedure-specific consent form.

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

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

Parent/Guardian Name (print): \_\_\_\_\_