



Idaho Skin Surgery Center, P.C.

Mohs micrographic & dermatologic surgery

Jared Scott, M.D.

Medical Treatment Consent Form Minor

You will need to complete this form, have it witnessed and leave it with your caregiver. This will ensure that in an emergency your child receives prompt, necessary medical care if you are not there to give consent.

Consent for Medical Treatment

In case of emergency, I authorize (full name) _____
of (full address) _____
to give consent during my absence for my child(ren) listed below to receive medical and/or surgical
treatment and/or other medical procedures (including administration of anesthesia, blood
transfusions, diagnostic tests, etc). This authorization is effective starting on the _____ day of
_____ 2011 and expiring on the _____ day of _____ 2011.

Child's Information

Child's full name _____ Date of Birth _____
Home address _____
Phone Number _____
City, State, Zip _____

Current medications/Recent Shots and Vaccines

Important medical history (chronic conditions, allergies, reactions, etc.)

Family Physician _____ Phone Number _____
Address _____
City, State, Zip _____

Insurance Information

Insurance Name _____
Policy Number _____

Parent(s)/Guardian(s) Information

Name _____ Phone Number _____
Address _____
City, State, Zip _____
Signature _____ Date _____

Witnessed by:

Name _____
Signature _____
Date _____