

Westford Dermatology & Cosmetic Center

QUALITY SKIN CARE FOR EVERYONE

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PARENTAL CONSENT FOR UNDERAGE PATIENTS SEEKING MEDICAL CARE

IN MASSACHUSETTS, MINORS ARE INDIVIDUALS UNDER THE AGE OF 18

Massachusetts law requires parental consent for the medical care of minors. At Westford Dermatology and Cosmetic Center, we generally require a parent or guardian to accompany minors to their appointments. If this is not possible, we require written parental/guardian consent *in advance* for any treatment or procedure. Please contact our office to discuss alternative arrangements and obtain the required consent form.

CONSENT TO MEDICAL TREATMENT:

Patient's Name: _____

Patient's DOB: _____

I hereby authorize Westford Dermatology and Cosmetic Center to see and treat my child and consent to the performance of medical treatment by Westford Dermatology and Cosmetic Center in my absence.

Parent/ Legal Guardian (print) _____

Parent/ Legal Guardian (signature) _____

Today's Date: _____

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