



DERMATOLOGY • DERMATOPATHOLOGY • MOHS MICROGRAPHIC SURGERY • PLASTIC SURGERY & AESTHETICS

Consent to Medical Care for a Minor

In presenting my child for examination and treatment at Vanguard Medical Specialists, LLC (Vanguard):

Patient's name is: _____ Patient's DOB: _____

My Name is: _____ My DOB: _____

I am the: Mother Father Legal Guardian, and I hereby declare that I have the right to grant this consent to Vanguard, understanding that Vanguard will rely on this consent with regard to the examination and treatment of my child. I hereby release Vanguard from any liability relating to the acceptance of this consent.

I voluntarily consent to the medical examination and treatment, and procedures recommended by my child's medical provider at Vanguard. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I give my full permission and consent to:

Name Relationship Daytime Phone Number

Name Relationship Daytime Phone Number

who is/are caring for my child, as temporary guardian, for the period: _____ until _____ to:

- Direct medical examinations and treatment for my child, whether routine or in an emergency;
- Sign any documents, consents, waivers or releases from liability, or authorizations needed in connection with any examinations and treatment for my child; and
- Obtain and have access to my child's medical or health records, files, and related information, whether privileged or not, for any purpose in connection with the foregoing.

In connection with routine care, or as soon as reasonable *after proper emergency care has been provided to my child*, Vanguard may make reasonable attempts to contact me in the following manner:

Name Daytime Phone number(s)

I acknowledge that I am responsible for all medical charges in connection with care and treatment rendered to my child. This consent is governed by the laws of the State of Colorado. **Signing of the consent is acceptance of all terms as they are written. No amendments or modifications will be granted.**

I have read this form and certify that I understand its contents.

Parent/Guardian Signature Date

BRIARGATE • BROADMOOR • PUEBLO • WOODLAND PARK

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