

**Jason Meeker, MD**  
**Jeffrey Newman, MD, PhD**  
**Laura L. Moroney, Rn, Bsn, Np-C**

### **CONSENT FOR EVALUATION AND TREATMENT OF A MINOR**

I, the undersigned parent or guardian of \_\_\_\_\_  
(Name of Child), a minor, (Date of Birth \_\_\_\_\_) hereby give my permission for Dr. Jeffrey Newman, Dr. Jason Meeker or Laura Moroney, Rn, Bsn, NP-C to evaluate and treat my child. This includes the authority to perform minor diagnostic procedures and treatment. Unless otherwise stated below, this consent also includes the use of local anesthetic for the purpose of obtaining superficial skin specimens for evaluation or removal. This consent shall be effective from the date it is executed until the date I terminate it in writing. I acknowledge that I am responsible for all reasonable charges in connection with care of treatment rendered during this period. I understand payment is required at the time of service unless prior arrangement has been made, I understand that, if possible, I should attend all doctor appointments with my minor child. In my absence my signature on this form provides written, signed consent for evaluation and treatment.

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

List any restrictions: \_\_\_\_\_

Allergies to Drugs or Food: \_\_\_\_\_

Special Medications or Pertinent Information: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone where parents or legal guardian may be reached

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

**Patients must bring or have on file with us a completed and signed patient Registration form.**

**Diseases of the Skin, Hair & Nails - Skin Cancer & Skin Surgery - Mohs Surgery**  
**Psoriasis NB UVB Center - Botox Injections**

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