

DERMATOLOGY — & Skin Health —

Parental Pre-Authorization For Medical Care To Children

For families who are ongoing patients of Dermatology & Skin Health, it may be more convenient to have prior authorization for medical care delivered to minors without a parent of having to be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance.

AUTHORIZATION

I (we) request and authorize Dermatology & Skin Health and its personnel to deliver medical care to my (our) child listed below:

PLEASE PRINT:

Name _____ Date of Birth _____

You may try to contact me (us) regarding the health of my (our) child at the following number(s):

Parent's Name _____

Phone (office/home) _____

Parent's Name _____

Phone (office/home) _____

Other (Relationship) _____

Phone (office/home) _____

Signature

Date