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## AUTHORIZATION TO PROVIDE TREATMENT TO A MINOR

It is always desirable and recommended that a parent or legal guardian attend a minor child's appointment. Many times parents/guardians find themselves unable to accompany their teen or young adult children to appointments. This document has been prepared for your convenience, should you at some time be unable to accompany your child.

I hereby grant Dermatology Specialists permission to treat my child when he/she arrives at the office unaccompanied.

**PAYMENT POLICY:** The parent or legal guardian who signs this form will be responsible for all co-payments and deductibles. We do not forward bills to other parties regardless of court rulings or divorce decrees.

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature of Parent/ Legal Guardian \_\_\_\_\_

Printed Name of Parent/ Legal Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_

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