



PERMISSION FORM TO TREAT MINOR WITHOUT PARENT/LEGAL GUARDIAN PRESENT

***NOT VALID FOR PATIENT UNDER THE AGE OF 16**

*Patients under the age of 16 MUST be accompanied by a parent or legal guardian to all visits.

Precision Skin Institute must receive permission from a child's parent or legal guardian before providing treatment or care that is non-life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the office for treatment.

NOTE:

1. A parent/legal guardian must attend a minor's initial appointment.
2. Minors may not consent to any procedure without a parent or legal guardian present.

Patient Name: _____

Patient DOB: _____ Today's Date: _____

_____ Please initial here if you are authorizing the minor to be seen without a parent or legal guardian present for follow up appointment care.

We/I acknowledge that we are responsible for any/all charges incurred in connection with any care and/or treatment rendered and payment in full including co-pays/Co-insurance/Deductibles are expected the time of visit.

In case of emergency, I can be reached at:

Home Phone# _____ Work Phone# _____

Cell Phone# _____

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian