



AUTHORIZATION FOR TREATMENT OF A MINOR

NOTICE TO PARENTS

Parents often find it difficult to accompany their minor children to routine follow up appointments. This form has been created to give you the opportunity to authorize treatment for your minor child in your absence. Note: A parent/guardian is required to be in attendance on the minor's **first** office visit to review and sign the minor's consent for care initial paperwork.

Patient Name: _____ Date of Birth: _____

AUTHORIZATION FOR TREATMENT OF A MINOR

I authorize Fargo Center for Dermatology to render treatment to my minor child

(Child's Name) _____, without my presence in the office.

Printed Parent/Guardian Name: _____

Phone: _____

Signature: _____ **Date:** _____

This authorization is valid until the minor child listed above turns 18 or until I revoke

this notice in writing. **Parent/Guardian Initials:** _____

Office Staff Receiving Consent Initials: _____ Date: _____