

AboutSkin Dermatology and DermSurgery, PC

Parental Pre-Authorization for Medical Care to Children

For families who are ongoing patients of **AboutSkin Dermatology and DermSurgery, PC**, it may be more convenient to have prior authorization for medical and/or cosmetic care delivered directly to minors without a parent and/or legal guardian having to be present prior and/ or during the treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatments in advance.

Authorization

I request and authorize AboutSkin Dermatology and DermSurgery and its personnel to deliver medical and / or cosmetic care to my child listed below without my presence at the time of service:

Child's Name: _____

Child's Date of Birth: ____ / ____ / ____

Please list below any special instructions regarding the care of your child:

Name of Parent/ Legal Guardian: _____

Signature of Parent/ Legal Guardian: _____

Date: ____ / ____ / ____

Note: If there are any special parental or custodial relationships (such as custody with one parent only, legal custody/guardianship with non-parent, etc.), please explain below and provide appropriate documentation to be kept on file.