

## SKIN CARE DOCTORS, PA

## Parental/Guardian's Consent to Treat a Minor Accompanied by Another Adult

Many times parents find themselves unable to accompany their children to appointments. This form has been prepared for your convenience should you at some time have someone else accompany your minor children.

| to consent to the treatment of my son/daughter                    |                               |
|-------------------------------------------------------------------|-------------------------------|
|                                                                   |                               |
|                                                                   |                               |
| Signature of Parent or Guardian                                   | Date                          |
| This form expires in one year unless revoked in writi             | ng by the parent or guardian. |
|                                                                   |                               |
|                                                                   |                               |
| SKIN CARE DOCTORS, PA  Treatment of Unaccompanied Minors          |                               |
|                                                                   |                               |
| I hereby grant Skin Care Doctors, PA permission to treat my child | d                             |
| when they arrive at the office                                    | unaccompanied.                |
|                                                                   |                               |
| Signature of Parent or Guardian                                   | Date                          |
| This form expires in one year unless revoked in writi             | ing by the parent or guardian |