



Permission to Treat a Minor without a Parent/Guardian Present

Highline Dermatology & Skin Cancer, PC must receive permission from a child's parent or legal guardian before providing treatments for non-life-threatening conditions. This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment. If the party accompanying your child (babysitter, friend, relative, etc.) does not present this information, the clinic will attempt to contact you to request permission to treat your child.

Please note:

--A parent or guardian must attend a minor's first visit at Highline Dermatology & Skin Cancer, PC.

--This Permission to Treat a Minor form is valid only for the dates listed below.

Patient Name: _____ Patient Date of Birth: ___/___/_____

I grant _____ permission to arrange for and authorize routine and emergent care at Highline Dermatology & Skin Cancer, PC for the following dates: _____ (these dates indicate when this form is valid). **This individual will be responsible for communicating all treatment discussions/decisions to the parent/guardian. Highline Dermatology & Skin Cancer, PC and its providers will not hold a separate phone discussion with the parent/guardian after the visit.**

Please initial:

We/I are authorizing the minor to seek and consent to treatment with no adult present.

We/I acknowledge that we are responsible for all reasonable charges in connection with care and treatment rendered. ****Please send insurance card and copay (if applicable) to the appointment.**

Signature: _____ Date: ___/___/_____

Printed Name: _____

Relationship to Patient: _____

In case of emergency I can be reached at: Cell phone _____

Home phone _____ Work phone _____