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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.

AUTHORIZATION FOR TREATMENT OF A MINOR

I authorize the physicians or physician assistant at Red River Dermatology to render treatment to my minor child without my presence in the office.

Signature of Parent/Guardian

Date

Name of Patient: _____

Name of Parent/Guardian: _____