



## Parental Pre-Authorization for Medical Care to Children

For families who are ongoing patients of AboutSkin Dermatology & Aesthetics, 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 for or during treatment. Please review the following authorization for treatment and complete the form below if you want to authorize such treatments in advance.

### Authorization

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

Minor's Name: \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

**Note:** If there are any special parental or custodial relationships that effect medical decision making for the minor, please provide a copy of the appropriate court documentation for our records.