



## Treatment to Minors

Many times parents find themselves unable to accompany their teen or young adult to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant Pinnacle Dermatology, SC permission to provide continued treatment to my child when he/she arrives at the office unaccompanied or accompanied by someone other than a legal guardian (grandparent, babysitter, etc.).

*I understand this excludes treatment of any new symptoms.*

I wish my child's treatment to be restricted as follows:

---

---

---

I also understand payment of any co-payment or co-insurance is required on those dates my child is treated, whether I am present or not.

---

Patient Name

---

Patient's Date of Birth

---

Signature of Parent or Legal Guardian

---

Date of Signature

