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# Parental/Legal Guardian Consent to Treat a Minor

1. Minor ages 16-18 years of age (driving themselves to appointment):

I, _____, authorize the health care providers(Physician, Physician Assistant, or Medical Assistant) at Town Center Dermatology to provide medical care and perform necessary medical treatment(s)
for_____(DOB____/___/____).

2. Minor of any age being brought by someone other than parent/legal guardian

I, _____, authorize the health care providers(Physician, Physician Assistant, or Medical Assistant)at Town Center Dermatology to provide medical care and perform necessary medical treatment(s)
for_____.

I also give _____(list name and relationship of person with your child) permission to make medical decisions regarding my child's care at today's visit.

## Parent or Legal Guardian Signature:

SIGNATURE: _____
RELATIONSHIP: _____
PHONE: _____
DATE: _____