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PARENTAL PERMISSION FOR TREATMENT OF MINORS

By law, a parent or legal guardian must be present during the exam and treatment of a minor under the age of 18.

If you wish that your child be evaluated and treated by Dr. Blum and/or her associates in your absence, please complete the following.

I _____ give permission for
Parent/Legal Guardian

_____ to be evaluated and treated by Dr. Blum
Minor's Name

and/or her associates without a parent or legal guardian present.

If a procedure is performed, possible risks may include but are not limited to, bleeding, infection, scar, and/or an allergic reaction.

I have read and agree with the above statements. I hereby give my unrestricted informed consent for this visit and for all future visits and procedures.

Parent/ Legal Guardian Signature

Date

Witness

Date