



Parent/Guardian Permission for Care of Minor

Name _____ Gender _____ SS# _____

Address _____ Date of Birth ____/____/____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Parent/Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

I, the undersigned parent(s)/legal guardian, hereby request and consent that my child (under age 18) may attend follow-up medical appointments at Apex Dermatology without a parent or legal guardian present. In these appointments, I give permission for a licensed medical practitioner or their assistants to provide Dermatology care for illnesses and injuries as well as to make adjustments in treatment plans which, in his/her opinion, are necessary to care for the physical health of the above-named child. Medical treatments may include, but are not limited to medical care, skin care, medication application, minor surgical procedures and such examinations as are required to determine and provide treatment for physical illness. These visits may involve physician, physician assistant, medical aesthetician, registered nurse and/or medical assistants.

I agree to be available by cellphone during and around the time of the scheduled visit in case a provider wishes to reach me for telephone permission for a minor procedure or change in oral medication advice or other reason.

This consent shall expire when the child reaches age 18 or when I request in writing that my child no longer be allowed to have visits without a parent present.

I attest that I am the parent or legal guardian of this child and that I am making this request of my own free will and best interest of the child.

Signature of Parent/Guardian

Date