
AUTHORIZATION FOR TREATMENT OF MINOR

All minors are required to have a parent/legal guardian present with them for each appointment. By law, we are required to have a consent from a legal guardian to provide treatment to a minor. If a parent or guardian is unable to attend an appointment with the minor, then a signed authorization to treat a minor is required.

I request and authorize Colorado Center for Dermatology & Skin Surgery to deliver medical and/or cosmetic care to my child listed below without my presence at the appointment

Child's Name: _____

Child's DOB: _____

Date(s) of Appointment/Treatment: _____

Please list any comments or instructions for treatment of your child:

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Relationship to Child

Contact Phone Number for Parent/Guardian