DERMATOLOGY ASSOCIATES OF ROCHESTER
DERMASPA | SKIN SEARCH

Parent/Guardian Authorization to Treat Minor Child (any child under 18 years old)

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It is the policy of Dermatology Associates of Rochester to have a parent or legal guardian present during a minor patient's initial visit. This helps the parent/legal guardian to have a comprehensive understanding of your child's care and treatment options.

In the event a parent or guardian cannot be present during a future visit(s) please read and sign the below agreement:

Patient name: _____ Patient date of birth: _____

I, the undersigned parent/legal guardian, of the minor above do authorize the providers at Dermatology Associates of Rochester to provide healthcare services to this minor in the absence of a parent/legal guardian. I understand that the healthcare services may include, but are not limited to examination, medical diagnosis and treatment.

I, the undersigned parent/legal guardian, of the minor above do authorize the following person(s) to attend future visits with this minor for treatment with the providers at Dermatology Associates of Rochester. I understand that the healthcare services may include, but are not limited to examination, medical diagnosis and treatment.

1. _____ - _____
   Name Relationship
2. _____ - _____
   Name Relationship

Please note that should your child require an invasive procedure, such as a surgical excision, biopsy or laser treatments, a parent/legal guardian **must** be present at that appointment.

This authorization shall remain in effect until_____.
If left blank indefinitely or until minor is of legal age.

_____
Parent/Guardian Name (Printed)

_____ _____
Parent/Guardian Signature Date