

TruDerm

Adult & Pediatric Dermatology & Cosmetic Center

Consent for Treatment of a Minor Child:

Patient Name: _____

Date of Birth: _____

I, the guardian or parent of _____, do hereby authorize and request the staff and physicians at TruDerm, PA to perform all necessary services for my child that are deemed necessary and advisable by the physician, whether or not I am present at the appointment. A guardian/parent bringing the child to this office for medical care is responsible for payment of all patient/child's charges. Here is a list of the individuals who have permission to bring my child for their appointment/treatment:

Signature of Parent or Guardian

Date

Witness

Date

This form has to be witnessed by a member Truderm Adult and Pediatric Dermatology and Cosmetic Center.