

Dermatology Associates, P.C. – Norwood, MA, Franklin, MA and Foxboro, MA

Parental Preauthorization for Medical Care to Minors

Dermatology Associates, P.C. requires that a parent or guardian be present during the medical treatment of a minor child. For children receiving ongoing treatment, you may issue consent for our office to deliver medical care without a parent/guardian in attendance. At your discretion, please review and complete the following consent for treatment (excluding surgery).

Please note, a minor child cannot sign a referral waiver. If applicable, make sure a valid referral has been issued before sending your child to an appointment.

A parent or guardian must be present for the child's first visit in our office. This preauthorization form is valid for all subsequent visits within one year of the date of signature.

I (we) request and authorize Dermatology Associates, P.C. and its personnel to deliver medical care to my (our) child listed below:

Please Print:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone (home/office/cell): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone (home/office/cell): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_