



**Philadelphia Institute of Dermatology**

**TREATMENT OF MINORS**

PATIENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Parents must ALWAYS attend the child's first appointment at our practice. With this said, many times parents/guardians find themselves unable to accompany their children, under 18 years old, to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

PLEASE NOTE:

- Parents must ALWAYS attend the child's first appointment at our practice.
- The child MUST bring his/her copay and insurance card to each visit.

I hereby grant the health care providers of the Philadelphia Institute of Dermatology permission to treat my child when they arrive at the office unaccompanied.

PRINT NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_