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## 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 Dermatology Group, PLLC 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:

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Contact Phone Number for Parent/Guardian