



MINOR CONSENT
WAIVER

Parents often find it difficult to accompany their minor children to routine follow-up appointments. This form has been created to give you the opportunity to authorize treatment for your minor child in your absence.

AUTHORIZATION FOR TREATMENT OF A MINOR

I authorize Dermatology at WingHaven to render treatment to my minor child without my presence in the office.

Patient name: _____

Signature of person authorized to consent

Date
