

**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 both treatment and payment 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

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**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**

I authorize Dermatology at WingHaven to make charges to the credit card account listed below in payment for treatment rendered to my minor child.

Patient name: \_\_\_\_\_

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Exp date

Authorization number(in signature strip on back of card) \_\_\_\_\_

\_\_\_\_\_  
Signature of card holder

\_\_\_\_\_  
Visa MC Discover