



FAMILY SKIN CARE

5320 N. Tarrant Parkway, Suite 200

Fort Worth, TX 76244

Tel: 817-427-DERM (3376) Fax: 817-427-3379

**AUTHORIZATION TO TREAT MINOR**

Northstar Dermatology requires that a minor patient, under the age of 18 years, must be seen and accompanied by a parent or adult guardian at the first visit. After the initial visit, if the parent or guardian would like the minor to be seen unaccompanied, we must have an authorization signature from a parent/guardian on file.

I, \_\_\_\_\_ (parent/guardian) authorize Northstar Dermatology and/or its staff to medically treat my child \_\_\_\_\_ without my presence in the office. This treatment may include minor procedures such as freezing/cryotherapy, cautery (burning), biopsies, injections, and prescriptions for oral and/or topical medications. This consent will continue to be valid until revoked in writing.

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

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

\_\_\_\_\_  
Date