

Minor Child's Name: _____

Date of Birth: _____

Allergies: _____

Medical Conditions: _____

I, _____, as the parent or legal guardian of _____, will not be present with my minor child for future office visits for reasons of my own personal convenience. My minor child has my permission to come to the office of Central Texas Dermatology for further routine office visits and associated procedures for the treatment of _____. I can be reached at telephone number _____.

Signature of Parent/Guardian

Date

Witness