**New Image Dermatology Minor Child Medical Authorization Form**

**To be filled out by Parent or Legal Guardian only**

**(proof of guardianship must be provided at the first visit)**

It is the policy of New Image Dermatology to have a parent or legal guardian present during a minor (under the age of 18) patient’s initial visit. This helps the parent or legal guardian have a comprehensive understanding of their child’s care and treatment options. By signing this authorization, you agree to allow the staff of New Image Dermatology to examine, treat, and file claims for your minor child.

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**Parent/Guardian Signature Relationship to minor patient Date**

Any minor patient that is 16 years or older may come un-accompanied after their initial visit with a parent’s permission. Please sign below to indicate your consent.

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you do not wish to allow anyone else to accompany your minor child to their appointment you do not need to continue to the next section of this authorization.**

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If you, as a parent or legal guardian, cannot be present during a future visit please complete the authorization below for the care of your minor child in your absence.

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, the undersigned and parent/guardian of, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** hereby authorize (name of the person to accompany your child) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** (relationship to your child) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, to authorize all medical treatment for my child that they, in their discretion, see fit. This includes but is not limited to examination and treatment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Relationship to minor patient Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Initials (Employee will sign to confirm receipt either in person or via phone.)