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## TREATMENT TO MINORS

Many time parents find themselves unable to accompany their teen or young children to appointments. This form has been prepared for your convenience when you find yourself unable to accompany your child.

I hereby grant Dr. Manju George permission to treat my child when they arrive at the office.

My minor child will be coming to the office for regular treatment of his or her dermatological condition. I authorize Dr. Manju George to examine my child.

If my child should require treatment of his or her condition I authorize Dr. Manju George to perform a biopsy or write prescriptions of their condition.

I also understand that my child may have a copayment due at the time of their visit. I agree to send my child to the office prepared for payment if applicable.

Name of child: \_\_\_\_\_ DOB \_\_\_\_\_

Condition child will be seen for: \_\_\_\_\_

Parent Signature: \_\_\_\_\_