



PARENT / GUARDIAN PERMISSION TO TREAT MINOR

I, _____ give my permission for my
Parent / Guardian's Full Name
daughter/son, _____, to be seen and treated
Print name of patient
by a practitioner at Skin Specialist of Allen without me being present.

This permission statement will be a part of my daughter / son's file and in effect until I rescind it via written or verbal communication.

Signature of Parent / Guardian **Date** _____

