
Permission to Treat Minor Patient without Parent/Legal Guardian Present



Today's Date: _____

Montana Sky Dermatology must receive permission, from a child's parent or legal guardian, prior to providing treatment(s) for preventative care, injury or illness that is non-life threatening. This form provides the legal permission to (depending on the minor's age) either treat without any adult present (Section A), or with a Designated adult present (Section B)

Patient's Name _____ Patient's DOB: _____

Section A: (ONLY for child at least 16, but not 18 years old)

Authorization to treat your minor child in case you or your designated representative are unable to accompany your child to one of his/her visits:

I, (print parent/legal guardian name) _____ grant Montana Sky Dermatology PC, permission to assess and treat the aforementioned minor without an adult present. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

Section B: (for child under 18 years old)

Delegation of authority for medical treatment of a minor child to the designated representative indicated Below:

I, (print parent/legal guardian name) _____ grant Montana Sky Dermatology PC, to assess and treat the aforementioned minor in the presence of either of the following adults (you may choose more than one), who is authorized to approve treatment:

Name: _____ Relation to minor _____
Name: _____ Relation to minor _____

I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

NOTE: A parent / legal guardian MUST be present for a minor patient's first scheduled visit.

This authorization is valid for (length of time): _____
This visit only (date of appointment): _____
Until otherwise revoked: _____ (Initial)

Please Note: Insurance card(s) and co-pay amounts (if applicable) must be presented at each visit.

Authorized by: _____ Date: _____
Parent or Legal Guardian

Emergency Contact Phone #1 _____ Phone #2 _____