

Preauthorization Consent to Treat Minors

South Shore Dermatology Physicians, P.C. (SSDP) requires that a parent or guardian be present during the medical treatment of a minor. For some families, it may be more convenient to have preauthorization in place that allows medical care to be delivered to minors if the parent or guardian cannot be present. If appropriate, please review and complete this form for your child in advance.

Please be aware that a minor cannot sign a referral waiver. Please make sure that a valid referral has been issued and received by this office prior to your child's visit. If a valid referral is not received, we will have to reschedule his/her appointment.

I, the undersigned parent/legal guardian, of the minor named below do authorize the physicians of SSDP to provide healthcare services to this minor in the absence of a parent or legal guardian. I understand that the healthcare services may include, but are not limited to, medical examination, lab work, local anesthetic, and treatment.

I agree to accept all financial responsibility for all care and services delivered pursuant to this authorization. This authorization is valid for one year following the date signed below unless withdrawn in writing to SSDP.

Please print:

Patient Name: _____ DOB: _____

List any restrictions or limitations:

Parent/Guardian

Name: _____ Relationship _____

Phone: (H) _____ (C) _____ (W) _____

Signature: _____ Date: _____

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