

ANDERSON SKIN AND CANCER CLINIC

Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Anderson Skin and Cancer Clinic to perform necessary services for my child which are deemed advisable by the provider, whether or not I am present at the actual appointment. This authorization is effective permanently or until a written authorization is submitted to remove or change the authorization.

Below is a list of individuals who have permission to bring my child in for treatment and to sign a medical consent for medical treatment which might include office surgery.

Signature of Parent or Guardian

Date and Time

Witness

Date and Time