

**TREATMENT OF MINORS**

Often times parents and guardians will find themselves unable to accompany their teenager to their follow up medical appointments. This form has been prepared, should you be unable to accompany your minor to their follow up medical visit at Houston Dermatology Specialists. **Please note, as a new patient, all minors must be accompanied by their parent or legal guardian.**

I hereby grant Houston Dermatology Specialists permission to provide continued care for my child when he or she arrives at the office unaccompanied to their visit or if they are accompanied by someone other than myself such as a grandparent, older sibling (over age 18), or other relative.

I understand that full payment of any copay, deductible, or co-insurance is required on the date(s) my child is present for their visit whether I am present or not and, additionally, I have read and fully understand agree to the Houston Dermatology Specialists Financial Policy and Procedures.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

(Parent/guardian authorizes and signs on behalf of \_\_\_\_\_ (name of minor)