

ADVANCED CONSENT TO TREAT MINORS

I, _____, hereby grant Northwest Dermatology the authority to provide medical treatment to my minor child, _____.

Northwest Dermatology is authorized to:

- provide routine and emergency medical treatment and perform necessary procedures related to treatment.
- call in prescription(s) and provide samples when applicable and available.

This authorization will be in effect until revoked in writing by me.

Date: _____

Signature: _____

Relationship to child: _____