

Bergen Dermatology Specialists

Please fax this form to (201)-652-4906 or (201)-337-7710

*Parental/Guardian's Consent to Treat a Minor **Accompanied** by Another Adult*

Many times parents find themselves unable to accompany their children to appointments. This form has been prepared for your convenience should you at some time have some- one else accompany your minor children.

I give permission to _____

to consent to the treatment of my son/daughter _____

by any physician or physician assistant of Bergen Dermatology Specialists.

I also agree that test results and/or medical information may be released to the above-named adult.

Signature of Parent or Guardian

Date

This form expires in one year unless revoked in writing by the parent or guardian.

*Treatment to **Unaccompanied** Minors*

Many times parents or guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your minor.

I hereby grant Bergen Dermatology Specialists permission to treat my child

_____ when they

arrive at the office unaccompanied.

Signature of Parent or Guardian

Date

This form expires in one year unless revoked in writing by the parent or guardian.