

Dermatology Center of N. Ms., P.A.
Treatment to Minors

Many times, parents 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 child.

In the event your child needs high risk medication a parent must be present for the initial evaluation. Your signature will also be required on the high-risk medication consent.

I hereby grant to Dr. Jeffrey C. Houin, Jr., Dr. Bradley N. Greenhaw, Dr. Ira D. Harber, and their ancillary staff, permission to treat my child when they arrive this office unaccompanied.

Name of Patient

Signature of Parent

Date

This consent automatically expires when my child reaches the age of 18. I understand that I may revoke this consent at any time. I also understand I must submit my revocation in writing.

Note: This document does not release the patient/parent from his/her financial responsibilities the date the services are rendered.