



NORTHAMPTON
Dermatology
ASSOCIATES

Treatment to Minors Form

We realize that many times parents find themselves unable to accompany their teen or young adult children to appointments. We have prepared this form for your convenience should you at some time be unable to accompany your child.

I hereby grant Northampton Dermatology Associates P.C. permission to treat my child when they arrive at the office unaccompanied for an appointment.

I have completed and signed a "Patient Information" form acknowledging the office financial policy of Northampton Dermatology Associates P.C..

Name of Child

Signature of Parent

Date