17560 South Golden Road, Suite 100 Golden, CO 80401
Phone (303)526-1117 | Fax (303)278-0611
www.hillcenter4derm.com

CONSENT FOR TREATMENT OF MINORS

When appropriate, it may be more convenient to have medical care delivered to minors without having a parent present. If you wish to authorize such treatment please review, complete, and sign the following consent.

Authorization

I request and authorize *Hill Center for Dermatology, PC* and its personnel to deliver medical care to my child(ren) listed below:

Please Print

Name:_____

Date of Birth:_____

Name:_____

Date of Birth:_____

Parent's name:_____ Relationship:_____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Signature:_____ Date:_____