



Omaha • Council Bluffs
www.omahaderm.com

Authorization to Accompany a Minor

I will be present at all scheduled appointments and DON'T authorize anyone to bring minor child.

I, _____, give permission for the following individuals to accompany my child and authorize treatment for my child in accordance with the office policy of Dermatology Specialists of Omaha.

1. _____
(Name and Relationship to patient)

2. _____
(Name and Relationship to patient)

I authorize Dermatology Specialists of Omaha, LLC to evaluate and treat minor child for:

_____ specify condition (new condition will require new authorization).

Any common condition such as acne, warts, rash, eczema, or psoriasis (including blood test).

Initial next to each line below to confirm your understanding of each statement.

____ I understand a parent/guardian MUST attend the first appointment of a new minor patient. The treatment, including prescriptions and procedures of the minor (age 18 and under) without a legal guardian, is at the discretion of the doctor or physician assistant.

____ I understand the doctor or physician assistant may request a return visit with the parent or legal guardian present.

____ I understand a separate consent will be necessary for any biopsies, excisions, or other surgical procedures. A parent or guardian MUST be present for these appointments.

Authorization to Treat A Minor (Child Age 16-18 years ONLY)

I, _____ give permission to my minor child to attend his/her dermatology appointment alone without my presence and authorize treatment for my child in accordance with the office policy of Dermatology Specialists of Omaha. This includes providing a history of present illness, disclosure of protected health information, and responsibility for relaying an any diagnosis, treatment plan, or prescription(s) to the parent or legal guardian mentioned above. I agree to be available by phone if needed and to be financially responsible for all copays, deductibles, and coinsurance.

Signature of Parent or Legal Guardian

Date (form expires 1 year from signature date)