



Authorization to Treat Minor Patients

Dear Parent or Guardian,

In order for us to evaluate and treat a minor child without the parent or legal guardian, we will need to have a signed authorization to do so. All patients that are 17 years of age and younger who come without their parent or legal guardian, will need sign the Authorization to Treat Minor Patients.

Court appointed legal guardians and/or foster parents will need to provide court documents to prove guardianship. If we don't have the signed authorization, the parent will need to accompany the minor.

We appreciate you choosing Broome Family Nurse Practitioners for you and your family's dermatological care. If you have questions, please feel free to call us at 607-306-7546.

Authorization To Treat Minor Patient

I, _____, parent or legal guardian (Legal Guardian's Name) of

_____,
(Patient Name) (Date of Birth) authorize Broome Family Nurse Practitioners to evaluate and treat my child for:

- Any common skin conditions such as acne, warts, rash, eczema, or psoriasis. Any invasive treatments will require a conversation with parent or guardian before service is rendered.

This authorization is in effect until the minor patient reaches 18 years of age or guardianship changes. I understand that if the condition(s) treated do not improve, I may be required to attend the appointments to personally discuss my child's condition with the provider. I also understand I will be required to sign a separate consent for biopsies, excisions and any other surgical procedure. If I am not available to give consent for additional treatments, my child may be rescheduled when I am available to give consent. I also give the following individuals permission to bring my child to their appointment:

1. _____

(Name) (Relationship)

2. _____

(Name) (Relationship)

- I decline to authorize treatment to minor child and will be present at all scheduled appointments.

Signature of Parent or Legal Guardian Date