

# AUTHORIZATION TO CONSENT TO MEDICAL SERVICES FOR MINOR CHILD



I, \_\_\_\_\_, confirm that I am the parent or legal guardian of \_\_\_\_\_  
(Date of Birth: \_\_\_\_\_), a minor, and that I have the legal right to provide informed consent for any medical treatment provided to my minor child by Sutton Dermatology + Aesthetics (Clinic), and I agree to the following:

Please choose **one** of the three options below by placing your initials on the line:

- \_\_\_\_\_ (initial)

I give permission for the Clinic to provide **all medical care** needed for, or requested by my minor child. I understand that the Clinic does **not need to contact me each time** before giving medical treatment after today’s date.
- \_\_\_\_\_ (initial)

I give permission for the Clinic to provide **only the medical services** that I choose below, which are required for, or requested by my minor child. I understand that after today, the Clinic **does not need to ask me again** for permission to provide these services:  
**(Please check all that apply)**

☐ Office Visits

☐ Lab Tests

☐ Office Procedures

☐ Prescriptions

☐ Oral Contraceptives (for Acne Treatment)

☐ Other: \_\_\_\_\_

☐ Diagnostic Tests

☐ Injections

☐ Aesthetic Services & Facials

☐ Waxing

☐ Chemical Peels
- \_\_\_\_\_ (initial)

I **do not** give permission for medical care in my absence. I will be present at the Clinic with my minor child to provide consent **each time** medical services are provided to my minor child.

## Financial and Consent Information

- I understand that I am **responsible for paying** any costs for the medical services my child receives.
- I know what kinds of care I am agreeing to, and I understand that **no results are guaranteed**.
- This permission will stay in effect until my child becomes a legal adult, or until I send a **written notice** to the Clinic saying I want to change or cancel this consent.

Parent or Legal Guardian Name (Print)	Parent or Legal Guardian Signature	Date
Clinic Staff Witness Name (Print)	Clinic Staff Witness Signature	Date

## Signature Information

This signature must be witnessed by a member of the Clinic. If you are unable to sign in person at the Clinic, you may use this space to obtain a notary’s signature and seal. **You must attend the first visit in person with your minor child**, unless there are special circumstances that have been discussed in advance. Examples include college students with parents out of state.