



Precision Skin Care, LLC.
1709 W. 7th Street
Chanute, KS 66720
620-431-0023

Consent to Treat a Minor Child

Minor Child's Name: _____ DOB: _____

Allergies: _____

Medical Conditions: _____

I, _____, as the parent or legal guardian of _____, will not be present with my minor child for future office visits for reasons of my own personal convenience. My minor child has my permission to come to Precision Skin Care for further routine office visits and associated procedures for the treatment of _____. I can be reached at the following telephone number _____.

Signature of Parent or Guardian: _____

Date: _____

Witness: _____