



Precision Skin Care, LLC  
1402 S. Main Street  
Ottawa, KS 66067  
Phone: (785) 749-3600  
Fax: (785) 749-3621

## 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: \_\_\_\_\_