



THE CAPITAL DERMATOLOGY MEDICAL GROUP

1495 River Park Drive, Suite 200 • Sacramento, CA 95815

Phone: 916.925.7020 • Fax: 916.925.3680

TREATMENT TO MINORS

Many times, parents find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant to _____ permission to treat my child when they arrive at the office unaccompanied.

Signature of Parent

Date