



PARENT PERMISSION AND MEDICAL CONSENT FORM

Patient Name: _____

Patient Date of Birth: ____/____/____

Parental Consent to be seen without parent/guardian present:

I, _____, guardian of _____, a minor, do hereby consent to said Minor to be seen and treated by the Doctor(s) and/or Physician Assistant(s) at Tamjidi Skin Institute without the presence of a parent/ guardian.

Signature: _____

Printed Name: _____

Relation to Patient: _____

Date: _____

Home Phone: _____

Work/Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____