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CONSENT FOR MINORS IN ABSENCE OF PARENT

- Prince Frederick Weems Creek Quarterfield Mohs Micrographic & Skin Surgery Center Hagerstown Leonardtown Annapolis
North County Kent Island Easton-Caulk Lane Easton-Purdy Street Owings Mills Towson Rockville

Parental Consent to Treatment of a Minor

(I) (We), the undersigned, parent(s)/legal guardian(s) of \_\_\_\_\_,
Hereinafter "Minor", do hereby grant permission to Anne Arundel Dermatology to treat in (my) (our) absence
for any medical, cosmetic or surgical diagnosis or treatment which is deemed advisable by, and is rendered
under the general or specific supervision of any physician, nurse practitioner, physician assistant, nurse,
medical assistant or other provider, when such medical, cosmetic or surgical diagnosis or treatment is
rendered at the office located at one of the addresses above.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or care
being required, to grant consent for the treatment of the aforementioned minor in (my) (our) absence.

This authorization shall remain in effect:

- Through the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.
Until age 18

Name of person(s) authorized to accompany minor during visit and be disclosed office visit
or historical health information, please print:

\_\_\_\_\_  
Persons listed above must show valid ID at time of visit

Parent or Legal Guardian:

NAME SIGNATURE DATE

Parent or Legal Guardian:

NAME SIGNATURE DATE

Witness:

NAME SIGNATURE DATE