

DERMATOLOGY ASSOCIATES, PSC

Patient Information

2811 Klempner Way
Louisville KY 40205
502/896-6355
Fax 502/708-4022

Authorization for Treatment of Minors

We realize that Parents/Legal Guardians may not always be able to personally bring their child to the office themselves. However, Kentucky Law dictates that a person under the age of 18 **CANNOT** receive medical treatment without a Parent/Legal Guardian present. If your child has an on-going medical condition or is on routine medications, we do require a Parent/Legal Guardian to be present anytime your child has a follow-up appointment. If a Parent/Legal Guardian cannot be present, then anyone authorized below can accompany the minor child and give consent for treatment and or authorization for necessary medication alterations as determined by the physician.

A PARENT/LEGAL GUARDIAN MUST COMPLETE THIS FORM!

I, _____, the Parent/Legal Guardian of
_____, give consent for the following people
(patient's name)

to have my child treated by Drs. West, Kahloon, Schrodt, Wendelin, Loveless, Vence and staff.

Name of Authorized Person

Relationship to Patient

Parent/Legal Guardian Signature: _____ Date: _____