



PARENTAL PREAUTHORIZATION FOR MEDICAL CARE TO MINORS

If the circumstance arises that a parent or guardian cannot physically be present for the evaluation and/or treatment of a minor it is necessary to have a prior authorization for medical care delivered to minors without a parent/guardian present. Please review the following authorization for treatment and complete the information if you wish to authorize such treatment.

I request and authorize Rhode Island Dermatology Institute and its personnel to deliver medical care to my child listed below:

Name

Date of Birth

Signature of Parent/legal Guardian

Date

Print Name and Relationship

If necessary, please contact the following regarding the health of my child:

Name of Parent/legal Guardian

Phone

Please note any special family relationships below: