



Authorization of a Minor to be seen at Tareen Dermatology without a Parent/Guardian

Child's Name: _____

Date of Birth: _____

I, _____ authorize my child _____, who is a minor to be seen at Tareen Dermatology without a Parent/Guardian present.

I acknowledge and give consent for my child to be treated by Dr. Tareen and staff in my absence.

Parent/Guardian's Name: _____

Signature: _____

Date: _____