

Fox Valley Dermatology, SC
515 S Washburn St. Ste 204
Oshkosh, WI 54904
Phone: (920)232-1130 Fax: (920)232-1175
Website: foxvalleydermatology.com

Authorization for Minors

Patient's Name: _____ Date of birth: _____

Please complete this form and send along with your minor child to their scheduled appointment. It may also be mailed to 515 S Washburn St. Ste 204 Oshkosh, WI 54904, or faxed to (920)232-1175.

If a parent/legal guardian is not able to accompany a minor child at their appointments, Dr. McDonald will evaluate the child, but no treatment will occur unless authorized by the parent/legal guardian. Please mark the appropriate box below on how you would like treatment for your minor child.

_____ I am not able to attend my minor child's appointment and approve that he/she be evaluated, but do not want any treatment until I am contacted.

_____ I am not able to attend my minor child's appointment, but approve that he/she be evaluated. I give permission to Dr. Shaun McDonald and his staff at Fox Valley Dermatology, SC to treat my minor child at their appointment.

This authorization is effective until the minor becomes 18 years of age unless revoked at an earlier date by parent/guardian.

If you have any questions while filling out this form, please don't hesitate to call (920)232-1130. Thank you.

Authorized Signature:: _____ Date:: _____