

**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: \_\_\_\_\_

Today's Date: \_\_\_\_\_ (Consent Expires at the end of this year on 12/31.)