



Burkhart Pediatric & Adolescent Dermatology

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Parental Acknowledgement to Treat Minor Children When Not Accompanied by Parent or Legal Guardian

Patient's Name: _____ Date of Birth: _____ Chart#: _____

Burkhart Pediatric & Adolescent Dermatology, PLLC requires permission from a child's parent or guardian before providing medical services to a child who is under 18 when the child is accompanied by someone other than the parent or legal guardian or presents by themselves. If you feel there may be an occasion where your child will be brought by a relative, sitter, etc., please fill out the following information for us to include with your child's records.

The following person(s) have my permission to authorize medical care for my child and sign any necessary waivers on my behalf. This authorization will remain effective for one year, unless updated or revoked by myself prior to the expiration of this authorization.

Name	Relationship

For patients 16 years and older ONLY:

Patient listed above may present and be treated unaccompanied by an adult. Yes No

Signature of Parent Or Legal Guardian _____ Date: _____

Printed Name: _____