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Certified by the American Board of Dermatology

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Parental Permission Authorization

Date _____

In the event that a parent is unable to bring the patient to their appointment, please provide the names of those whom have permission to bring the patient to their appointment and make medical decisions (must be over the age of 18).

I _____ give permission for
Print (Parent/Guardian)

1) _____
Print (Authorized adult over the age of 18)

2) _____
Print (Authorized adult over the age of 18)

to bring my child to appointments and make medical decisions regarding the evaluation
and treatment of _____.
Print (Patient name)

Signature: _____
(Parent/Guardian)