



Terri P. Morris, M.D., Ph.D.
Certified by the American Board of Dermatology

Parental Permission Authorization

In the event that a parent/guardian is unable to bring the minor patient to their appointment, provide the names of those whom have permission to bring the minor patient to their appointment and make medical decisions. Please note individuals listed below must be over the age of 18.

I _____ give permission for:
Print (Parent/Guardian)

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

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

to bring my child to appointments and make medical decisions regarding the evaluation and treatment of:

Print Full Name (Patient name)

Signature: _____ Date: _____
(Parent/Guardian)