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### Parental Preauthorization For Medical Care To Minors

If the circumstance arises that a parent or guardian cannot physically be present for the follow-up evaluation and/or treatment of a minor, it is necessary to have a prior authorization for medical care delivered to minors without a parent/guardian present. Please review the following authorization for treatment and complete the information if you wish to authorize such treatment.

I request and authorize Bluebird Dermatology and its personnel to deliver medical care to my child listed below:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If necessary, I can be contacted regarding health care of my child at the following numbers:

\_\_\_\_\_  
Name of Parent/legal guardian

\_\_\_\_\_  
Phone - home/office/cell

I authorize the following adult to accompany my child to their visit and act on my behalf:

\_\_\_\_\_  
Authorized Caregiver

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Authorized Caregiver

\_\_\_\_\_  
Relationship to child

Note: If there are any special family relationships, please explain in the space below with your signature, printed name, and phone number where you can be contacted.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Relationship