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Parent's Authorization and Consent Form

The undersigned, hereby authorized and give consent to **the Providers of Metro Dermatology** to see my son/daughter _____ who is a minor, for medical evaluation and treatment for 6 month from undersigned date. Due to inevitable circumstances beyond my control, I cannot come together with my child for this visit.

The issuance of this authorization may be use for whatever legal purposes it may serve.

Print Name and signed: _____
Parents/Legal Guardian

Date: _____