

SOUTHWEST CONTEMPORARY WOMEN'S CARE, P.C.

CONSENT FOR TREATMENT OF A MINOR

Name of Minor Patient: _____

In the event you are unable to accompany your minor child to their aesthetics appointment, this confirms your permission to treat your child in your absence.

I am the parent or legal guardian of the above minor, and hereby grant permission to the aestheticians/laser technicians to perform aesthetic treatments when she/he arrives at the office unaccompanied by me, and I assume financial responsibility for treatments received.

Signature-Patient or Guardian

Print Name/Relationship

Date