**BRADDOCK FINNEGAN DERMATOLOGY, P.C.**
**7911 West Center Road**
**OMAHA, NE 68124**
**Phone: (402) 390-0333 Fax: (402) 390-9632**

# Parents Consent To Treat A Minor Child
(Age 18 years or Younger)

Patient Name:_____

Patient DOB: _____

Relationship to Patient:_____

Todayôs Date: _____

I hereby give my permission to evaluate and treat the above named patient.
(Consent not to exceed a period of one year from this date.)

Parent / Guardian Signature_____

Parent/ Guardian Printed Name: _____