



## Temporary Guardian Form

**\*\* Only valid for follow up visits. \*\***

**\*\*New Patient visits require Parent presence at appointment\*\***

Service(s): \_\_\_\_\_  
\_\_\_\_\_

Date of service(s): \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian)

of \_\_\_\_\_ (minor patient)

with date of birth \_\_\_\_\_ am consenting to allow a temporary guardian to bring him/her to the visit or service (s) in the absence of me personally being in the office.

Temporary Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

I understand that NO ADDITIONAL services will be performed today unless an updated consent has been completed. I also understand that I am required to complete an updated Temporary Guardian Form for each subsequent appointment date.

I also consent for the Temporary Guardian to have access to the minor's Protected Health Information for this visit.

I also understand that payment is required in full for copay or service delivered at the time of service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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S:chartprep

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