

Kansas City Skin and Cancer Center
Phone: 816.584.8100 Fax: 816.584.8106

5810 NW Barry Road, Suite 100
Kansas City, MO 64154

9301 W 74th Street, Suite 230
Shawnee Mission, KS 66204

Notice to Parents:

Parents often find it difficult to accompany their minor children to routine follow up appointments. This form has been created to give you the opportunity to authorize both treatment and payment for your minor child in your absence.

Authorization for treatment of a minor child:

I authorize the providers at Kansas City Skin and Cancer Center to render treatment to my minor child without my presence in the office.

Child's (Patient) Name: _____

Child's (Patient) DOB: _____

Signature of Parent/Guardian

Date

Authorization for payment by credit card:

I authorize Kansas City Skin and Cancer Center to make charges to the credit card account listed below in payment for the treatment rendered to my minor child.

Circle One: Visa Mastercard Discover

Credit Card Number

Expiration Date

CVN

Signature of Card Holder

This authorization is effective from the date listed above and any further treatment(s) thereafter.