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AUTHORIZATION FOR EXAMINATION OF MINORS

Unless a court has stated otherwise (and a formal legal document can be provided to us), the parents listed on the birth certificate are the only people allowed to approve medical care being provided to a child. If a parent or a LEGAL guardian isn't bringing the child to his/her appointment, then we need permission from the parent that we can see that child. Please complete the following information to authorize us to see your child with the following people you would like to be able to bring your child to appointments.

I, the parent/guardian, give the physicians and clinical staff permission to examine, instill drops and administer necessary tests to the following patient without my presence. I swear that that the information below is correct, and that I am the parent/legal guardian of the below mentioned patient. I AUTHORIZE the following people to bring my child to see the doctors of New Eyes:

Authorized Person 1: _____
Relationship (to Child): _____ **DOB:** _____

Authorized Person 2: _____
Relationship (to Child): _____ **DOB:** _____

My following child is allowed to be escorted to his/her appointments by the above-mentioned individuals:

Patient's Name: _____ **DOB:** _____

Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Day-Time Phone Number: _____
Alternate Phone Number: _____

Contact information of another Parent/Legal Guardian if I am unable to be reached during the Patient's exam:

Alternate Parent/Guardian Name: _____
Relationship: _____ **Phone Number:** _____

FOR STAFF USE - AUTHORIZATION FOR EXAMINATION

Name of Parent/Guardian Contacted: _____

Parent/guardian confirmed permission for all aspects of exam.

Employee's initials: _____ Date/Time: _____

Other: _____

Name of Parent/Guardian Contacted: _____

Parent/guardian confirmed permission for all aspects of exam.

Employee's initials: _____ Date/Time: _____

Other: _____