

Authorization For Examination of Minors

Unless a court has stated otherwise, the parents listed on the birth certificate are the only people allowed to approve medical care being provided to a child patient. If a parent or legal guardian is not bringing the child to his or her appointment, Central Eye Care, P.C. needs permission from the parent that the child patient can be seen. Please complete the following information to authorize us to see your child with the following people that you would like to be able to bring your child to appointments.

I, the parent/guardian, give the physician and clinical staff permission to examine, instill eye drops, and administer necessary tests to the following patient(s) without my presence. I swear that the information below is correct and that I am the parent/legal guardian of the below-mentioned patients.

I authorize the following people to bring my child or children to see the physicians at Central Eye Care:

Name: _____ Relationship to Child: _____ DOB: _____

Name: _____ Relationship to Child: _____ DOB: _____

Name: _____ Relationship to Child: _____ DOB: _____

The children noted below are allowed to be brought to their appointments by the above-mentioned people:

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Parent/Guardian Name: _____ Signature: _____

Phone Number: _____ Alternative Phone Number: _____

Contact Information of Another Parent/Legal Guardian if I am Unable to Be Reached:

Parent/Guardian Name: _____ Relationship: _____

Phone Number: _____ Alternative Phone Number: _____