



HENRY EYE CLINIC

AUTHORIZATION FOR EXAMINATION (MINORS)

Unless a court has stated otherwise (and a formal legal document can be provided), the parents listed on the birth certificate are the only people allowed to approve medical care being provided to the minor. If a parent or legal guardian is not bringing the child to their appointment, then Henry Eye Clinic will need permission to proceed with the appointment from the parent or legal guardian. Please complete the following information to authorize the clinic to see the child with the following individuals allowed to bring the child to future appointments.

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

I AUTHORIZE the following people to bring my child(ren) to see the doctors of Henry Eye Clinic:

Name: _____ Relationship (to child): _____ DOB: _____

Name: _____ Relationship (to child): _____ DOB: _____

My following child(ren) are allowed to be escorted to their appointment(s) by the above-mentioned people:

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Parent/Guardian Name: _____ Signature: _____

Phone Number: _____ Alternate Phone Number: _____

CONTACT INFORMATION OF ANOTHER PARENT/LEGAL GUARDIAN IF I AM UNABLE TO BE REACHED DURING THE PATIENT'S EXAM:

Name: _____ Relationship: _____

Phone Number: _____ Alternate 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: _____