Pediatric Ophthalmology & Strabismus Associates

Authorization for Examination of Minors When Parent/ Legal Guardian is Not Present

If someone other than a parent or legal guardian will be accompanying your child to their appointment, WE MUST HAVE written authorization from you in order to examine your child. Please complete the following information to authorize us to examine your child in your absence. The accompanying adult must show a valid ID when they arrive with your child.

I, the parent/legal guardian of the below named patient(s), give the doctors and staff of Pediatric Ophthalmology & Strabismus Associates permission to examine and treat my child(ren), and to instill dilating eye drops if necessary for the exam. I authorize the adult(s) listed below to accompany and make decisions regarding my child(ren):

Patient(s)

1. Name: _____ DOB: _____
2. Name: _____ DOB: _____
3. Name: _____ DOB: _____

Appointment Date: _____

Accompanying Adult(s)

1. Name: _____ Relationship to patient: _____
2. Name: _____ Relationship to patient: _____

This authorization is for:

- ☐ This appointment only (we will need a new authorization for future appointments)
- ☐ This appointment and future appointments (we will keep this authorization in effect until you notify us in writing that it is no longer in effect)

Parent/Legal Guardian

Mobile/Work Phone: _____ Home Phone: _____

Name: _____ Signature: _____

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