



AUTHORIZATION FOR EXAMINATION (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 LEGAL guardian is not 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(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(ren) to see the doctors of Oregon Eye Specialists, PC:

Name: _____ Relationship to Child: _____ Date of Birth: _____

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My following child(ren) are allowed to be escorted to his/her appointments by the above-mentioned people:

Patient's Name: _____ Date of Birth: _____

Patient's Name: _____ Date of Birth: _____

Patient's Name: _____ Date of Birth: _____

Patient's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Signature: _____

Day-Time Phone Number: _____ Alt Phone Number: _____

Contact information of another parent/legal guardian if I am unable to be reached during the patient's exam:

Name: _____ Relationship: _____

Day-Time Phone Number: _____ Alt Phone Number: _____

FOR STAFF USE – AUTHORIZATION FOR EXAMINATION

Name of Parent/Guardian Contacted: _____

Parent/guardian confirmed permission for all aspects of exam. Employee Initials: _____ Date/Time: _____

Other: _____

Name of Parent/Guardian Contacted: _____

Parent/guardian confirmed permission for all aspects of exam. Employee Initials: _____ Date/Time: _____

Other: _____