

**FOR FAMILIES WHO ARE ONGOING PATIENTS OF:**

\_\_\_\_\_  
**(Pediatrician or Health Care Facility)**

It may be more convenient to have prior authorization in place so that medical care may be delivered directly to minors if a parent or legal guardian cannot be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child(ren) in advance. Be advised that protected patient health information may be shared with the proxy to whom the right to consent has been delegated to facilitate informed decision making.

**AUTHORIZATION**

I (we) have the legal right to preauthorize this facility to deliver medical treatment to my /our child(ren).

I (we) request and authorize \_\_\_\_\_ (pediatrician or health care facility)

And its personnel to deliver medical care to my (our) child(ren) listed below:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**LIMITATIONS OF TREATMENT (choose one):**

\_\_\_\_\_ I do not want to limit the type of treatment. I will let the ophthalmologist decide what treatment my child needs that day.

\_\_\_\_\_ I want to limit the treatment. The ophthalmologist cannot:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CONTACT ME IF YOU HAVE QUESTIONS**

I want you to call me if my child has a serious condition. If you are unable for any reason to contact me, the proxy may give consent.

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Landline Phone: \_\_\_\_\_

Landline Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**EXECUTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Parent or Legal Guardian**

**EXECUTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Parent or Legal Guardian**

**Include the following section if NOTARIZATION is required by law; if not, delete this section:**

**NOTARIZATION:**

I, the undersigned, a Notary Public, do hereby certify that the persons whose names are subscribed to the foregoing instrument appeared before me this day in person and acknowledged that they signed and delivered the foregoing instrument as their free and voluntary act for the purposes set forth therein.

Given under my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.