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## UNACCOMPANIED MINOR AUTHORIZATION LETTER

Date: \_\_\_\_\_

My signature below indicates that I, \_\_\_\_\_,  
give permission for my child, \_\_\_\_\_, to be examined on  
(date) \_\_\_\_\_ by Dr. \_\_\_\_\_.

I am aware that I am financially responsible for any debt incurred. If any  
treatment is necessary, including eye drops, I understand that I will need to be  
present, even if this requires scheduling another appointment.

\_\_\_\_\_ will be accompanying my child to the appointment and  
will have current insurance information, a photo ID (for themselves and my  
child) and payment for any expenses (co-pay/exam) incurred at time of service.

\_\_\_\_\_  
Parent/Legal Guardian Signature

Phone number(s) where I can be reached:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Auth for Unaccompanied Minor 03-01-2019