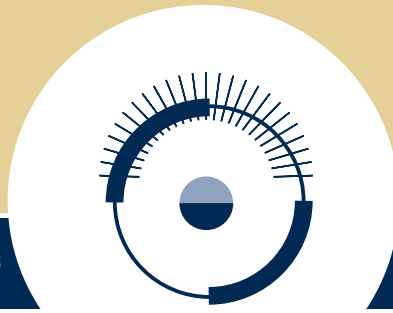


1815 State Street  
Watertown, NY 13601  
315.788.6070

7785 N. State Street  
Lowville, NY 13367  
315.376.5206

77 W. Barney Street  
Gouverneur, NY 13642  
315.287.3638

301 Ford Street  
Ogdensburg, NY 13669  
315.393.7171



**AUTHORIZATION FOR TREATMENT OF MINORS**

**TOLL FREE: 877-454-EYES**

**CENTER FOR SIGHT**

WATERTOWN EYE CENTER

NAMES OF MINORS

ALLERGIES OR SPECIAL MEDICAL CONDITIONS


I / We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

NAME	ADDRESS	PHONE #

To act in my / our behalf in authorizing medical, dental, surgical care and/or hospitalization for the above named minor(s) during the period of my / our absence from: \_\_\_\_\_ through \_\_\_\_\_

This document shall be presented to a physician or appropriate hospital representative at such time as unexpected medical, surgical or hospitalization may be required.

**PARENT/GUARDIAN**

**PARENT/GUARDIAN**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**WITNESS**

**WITNESS**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

## PRIMARY INSURANCE INFORMATION

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
ID / POLICY #

\_\_\_\_\_  
POLICY HOLDERS NAME

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
SOCIAL SECURITY #

## SECONDARY INSURANCE INFORMATION

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
ID / POLICY #

\_\_\_\_\_  
POLICY HOLDERS NAME

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
SOCIAL SECURITY #

## PEDIATRICIAN OR MEDICAL DOCTOR

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE #

## PEDIATRICIAN OR MEDICAL DOCTOR

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE #

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for a child.

A person is deemed to be a minor in New York State if he is under 18 years old (NY Domestic Law, Section 2§). Medical consent on behalf of minors is governed by Section 2504 of the Public Health Law of the State of New York.

This authorization is a legal document. With it you may appoint relatives, friends, teachers, clergy, or neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

After you complete the form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentists or hospital representative.

The staff at the Center For Sight / Watertown Eye Center would like to thank you in advance for taking the time to complete this form. We want to assure you that this is only an attempt to prevent delay in treatment for your child.