NEW PATH VISION

PERSONALIZED EYE CARE | POTTSTOWN, PENNSYLVANIA

1100 Heritage Drive, Pottstown, PA 19464

610-326-2754 | office@newpathvision.com

Minor Patient Authorization

For a parent or legal guardian who wants to designate another adult for defined routine patient activities.

MINOR PATIENT

Child / minor name

Date of birth

PARENT / LEGAL GUARDIAN

Name

Phone

Relationship / legal authority

AUTHORIZED ADULT

Name

Phone

Relationship to minor

ACTIVITIES I AUTHORIZE

- ☐ Accompany the minor to routine visits
- ☐ Receive routine care instructions and scheduling information
- ☐ Consent to routine eye examination and non-emergency care within the scope allowed by law and practice policy
- ☐ Pick up eyeglasses, contact lenses or other previously ordered items
- ☐ Discuss routine billing / insurance matters related to the minor's visit

Important limitation

This document is not an unlimited medical power of attorney and does not authorize activities that require separate consent or legal authority. New Path Vision may contact the parent / guardian when clarification or additional consent is needed.

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Effective period and signature

EFFECTIVE PERIOD

Effective date

Expiration date

☐ Remain in effect until I revoke it in writing, subject to applicable law and practice policy.

ADDITIONAL LIMITS OR INSTRUCTIONS

PARENT / GUARDIAN CERTIFICATION

I certify that I am the parent or legal guardian with authority to make the authorization above. I understand New Path Vision may request identification or documentation of authority and may decline to rely on this form when additional legal consent is required.

Patient / Authorized Representative Signature

Date

Printed name

Relationship

Best phone for verification