

# ENT & Audiology Center of Southlake

**Michael D. Bryan, M.D.**

*Diplomate of the American Board of Otolaryngology*

**Amy K. Mettman, M.D., P.A.**

*Otolaryngology-Head and Neck Surgery*

## MINOR CHILD POLICY

Dear Parents or Guardians:

We are prohibited by law from seeing minor children without a parent, legal guardian or designated representative present. Proof of your identity, in the form of a valid photo ID or passport, must be presented at the time of your child's visit. Please bring the appropriate identification with you when you come for your child's appointment.

If you will sending your child to our office with a family member, friend, or care giver, it will be necessary for you to complete the lower authorization portion of this notification, sign it and present it at your child's appointment by your designated representative. Your designated representative must also sign this form and, at the time of the visit, present their valid photo ID or passport.

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_ (patient) , a minor child, grant permission to  
\_\_\_\_\_, my designated representative, to bring my  
child to ENT and Audiology Center of Southlake for care; to sign necessary paperwork to  
facilitate care; to provide consent, and to sign the financial responsibility documents  
assuring payment of any fees for which I am responsible. I warrant that any balance due  
will be paid by my representative at the time of service.

This authorization will remain in force until such time as I revoke it in writing.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Designated Representative

\_\_\_\_\_  
Date

