THE VISION CENTER

Authorization for Evaluation and/or Treatment of a Minor Child Unaccompanied by Parent or Legal Guardian

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical treatment provided by The Vision Center. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent is valid for the specific time period noted on this form with a maximum period of one year from date signed.

Minor Patient:

Name:		**DOB:**
Address:		
City:	**State:**	**Zip:**
Phone:		

Time Period:

Written consent is valid for the time period of: _____ to _____. **(Not to exceed one year)** at which time a new consent form would be required. This consent may be revoked by me at any time in writing.

Authorization for other individual to accompany minor patient under 18 years of age

I authorize _____ _____

Name of person(s) being authorized **Relationship to patient**

To give consent to medical treatment by The Vision Center, on behalf of my child listed above. The above-named individual(s) will present valid ID for identification purposes (**ID will be photo- copied by the office**). The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

_____ _____

Parent/Legal Guardian **Date Signed**

_____

Phone number

Authorization for minor patient over the age of 16 to be unaccompanied for treatment by The Vision Center

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all product purchases and medical expenses incurred by my child during these appointments. All applicable co-pays and non-covered charges are due at the time of service. **Please be advised we will need a phone number where we can contact you during the exam.**

_____ _____

Parent/Legal Guardian **Date Signed**

_____

Phone number