



## 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 and/or surgical treatment provided by Associates in Eyecare. 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:		Date of Birth:
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 Associates in Eyecare, 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 over the age of 16 patient to be unaccompanied for treatment by Associates in Eyecare

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments. **Please be advised we will need a phone number where we can contact you during the exam.**

\_\_\_\_\_  
**Parent/Legal Guardian** **Date Signed**

\_\_\_\_\_  
**Phone number**