



Consent to Treat Minor Without Parent/Legal Guardian Present

Patient's Full Name: _____ Date of Birth: _____

To allow for treatment of patients who are considered minors, it is necessary for a parent or legal guardian to give consent for treatment. In the event that a minor child presents for a non-urgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

To Consent To:

_____ Emergency or urgent care when I cannot be reached.

_____ Routine eye exam, which will include vision check, refraction, glaucoma test, dilation of pupils, examination by one of our providers, and any other treatment previously discussed and agreed upon by the parents/legal guardian.

I can be reached at the following number if there are any questions: _____

I/We _____ (printed parent/guardian name) authorize Gailey Eye Clinic to provide care.

Signature of Parent/Guardian

Relationship to Patient

Date