



Parental Consent for Evaluation and Treatment of Minor Child

This consent is valid for 1 year from date signed below

I acknowledge and give permission for Alaska Eye Care Centers and any of our providers to provide eye health care and/or treatment that also may include the fitting of contact lenses or eyeglasses to my minor child listed below:

I give permission for my minor child to be dilated: Please check one () YES () NO

Minor Patient Name: _____ DOB: _____

Address: _____ Phone: _____

Parent/Legal Guardian's Information:

Name: _____ DOB: _____ Phone: _____

Address: _____

Parent/Legal Guardian Signature: _____ Date: _____

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

I give authorization to the person listed below to obtain medical treatment for my minor child listed below in my absence. This grant of temporary authority shall begin on DATE: _____ valid for 1 year unless revoked

I authorize _____
Name of person authorized Relationship to patient

The above-named individual will present valid ID for identification purposes, which will be copied by the office. The authorized person may also receive test result and additional information related to the care and treatment of this minor child. I understand that I am still financially responsible for all expenses incurred by my minor patient.

Parent/Legal Guardian Name: _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Authorization for minor over the age of 16 to be unaccompanied for treatment: We will need a phone number where we can contact you if needed for verbal consent

I authorize and give consent for my minor child, listed above, to independently go to appointments and consent to all treatment without the presence of a parent or legal guardian. I understand I am still financially responsible for all expenses incurred during these appointments

Parent/Legal Guardian Name: _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian gave verbal consent over phone: Staff Name: _____ Date: _____