

Authorization for Evaluation and/or Treatment of a Minor Child Unaccompanied by a 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 Vancouver Eye Care, PS. 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 specified time period with a maximum of one year from the date signed.

Minor Patient Information:	Name:	FIRST	Date of Birth://
	Address:		
	City:	State:	Zip:
	Written consent is valid t	for the time period of:	// to//
Authorization for other individual to accompany minor patient under 18 years of age:	l authorize:	FIRST	
	Relationship to Patient: To give consent to medical treatment by Vancouver Eye Care, PS. on behalf of my child listed above. The above-named individual 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.		
	Phone number (in case o	of emergency)	
	Authorization for minor patient to be unaccompanied:	I authorize and give consent for my child, listed above, to go independently to an appointment and consent to all medical and/or treatment without the presence of a parent or legal guardian. Iunderstand that I am still financially responsible for all medical expenses incurred by my child during these appointments.	
Parent/Legal Guardian si		ignature	Date
Phone number (in case o		of emergency)	