

Authorization for Evaluation and/or Treatment of Unaccompanied Minor(s)

Please complete this form if your child will be coming to our office without a parent or legal guardian present.

A parent or legal guardian must accompany a child younger than 18 to consent for all examinations and treatments provided at Carbon Valley Eye Care unless this form is filled out in advance of the exam.

Name of Minor(s): _____ Date(s) of Birth: _____

I, the undersigned, parent(s) or legal guardian of the above-named patient, a minor, do hereby authorize the optometrists at Carbon Valley Eye Care to act as agent(s) for the undersigned to consent to ocular examination, dilation, medical diagnosis and treatment, or other medical care which is deemed necessary by their optometrist. I further acknowledge that I am responsible for any portion of charges that are not covered by the child's insurance.

Alternatively, you may authorize another individual age 18 or greater to accompany your minor to their appointment. If that is your preference, please fill out this section.

I authorize: _____
Name of Person(s) being authorized Relationship to patient

Finally, please indicate your preferences regarding the options below:

Yes No Retinal Photography (typically not covered by insurance)- \$39

Yes No Contact lens fit (typically not covered in full by insurance)- range \$50-\$125

(if your child would like to try contact lenses for the first time, an additional appointment and fees are required)

Parent/Guardian name: _____ Parent/Guardian phone: _____

Parent/Guardian Signature: _____ Date: _____

This form is valid until revoked in writing.