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Consent to treat a minor patient without a parent present

The State of Texas requires consent before medical care can be given. In order for us to examine and/or treat a minor without his or her parent/legal guardian present, the parent/legal guardian should complete this form and return it to Eye Care Avenue.

I, _____ (print name), am the parent/legal guardian of _____ (print name of minor), currently a minor, whose date of birth is _____.

I authorize Eye Care Avenue to provide eye care to my son/daughter, including, but not limited to, diagnostic examinations, measurement of ocular pressure by administration of eye drops, dilation of pupils by administration of eye drops, and if requested contact lens fitting and evaluation, and necessary treatment for eye injury or disease as deemed appropriate by his/her optometrist.

I understand that, should my minor child need a referral for surgery or other treatment not provided by our optometrist, attempts will be made to contact me before such care is initiated.

I further understand, once my child reaches the age of majority (18), my consent for treatment is no longer required.

This consent will remain in effect until the patient reaches the age of eighteen unless revoked in writing to Eye Care Avenue.

By signing this, I acknowledge I have read and agree to this consent and that any questions I had prior to signing were answered by Eye Care Avenue.

_____ _____

Signature Date

Emergency Phone Numbers:

Home: _____ Cell: _____ Work: _____