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PERMISSION TO TREAT A MINOR WITHOUT THE PRESENCE OF A PARENT/GUARDIAN

By law, any child under the age of 18 years old cannot be seen by a healthcare provider without consent from a parent or legal guardian. If the minor is 16 or 17 years of age, he/she can be seen by him/herself with the written consent and authorization of the parent/guardian. A separate consent must be completed for each minor patient.

Minor Patient's Name _____ DOB _____

HEALTH INSURANCE INFORMATION

No change since last visit (*skip to next section*)

Insurance Company _____ Policy Holder _____

ID Number _____ Group Number _____

Effective Date _____

AUTHORIZATION

I (parent/legal guardian name) _____ consent to and authorize Ohio Eye ("Ohio Eye") and its personnel to deliver routine medical care to my child named above ("Minor Patient") as it may be deemed necessary or advisable in the diagnosis and treatment of the Minor Patient. I am also aware that I am responsible for payment of the patient portion of any charges at the time of service. I hereby authorize Ohio Eye to process charges for services provided to Minor Patient.

I have the legal right to preauthorize Ohio Eye and its personnel to deliver routine medical treatment and services to the Minor Patient, except for any limitations listed below. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical examination, eye examination, vision tests and screening, eye glasses or contact lens fitting, and pupil dilation. I understand that I may revoke this Authorization at any time in writing.

I have read, understand, and give my consent as stipulated above. My signature indicates that I have read this form and/or have had it read to me and explained in the language that I can understand.

LIMITATIONS

Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none"):

Phone Number for Parents/Guardians — you must be available by phone at time of visit:

_____ Cell Work Home

This consent shall be in effect until: Date _____ Indefinitely, until revoked by written notice.

Parent or Legal Guardian (please print)

Relationship

Parent or Legal Guardian Signature

Date