



CONSENT FOR NON-EMERGENCY TREATMENT OF MINORS

Lexington Eye Associates strongly encourages that a parent or legal guardian accompany any minor children (17 years old or younger) to their medical appointments. In the event that a parent or legal guardian is unable to accompany his or her minor child to a medical appointment, the parent or legal guardian should either (1) sign this Consent for Non-Emergency Treatment of Minors and send it to Lexington Eye Associates prior to the medical appointment or (2) give it to the minor child to present to Lexington Eye Associates at the time of the medical appointment. In the event that a minor child presents for a non-urgent medical appointment without a parent or legal guardian or a signed consent, treatment will be denied.

Name of child _____ DOB _____

Name of parent or legal guardian _____

If there is a need to reach me during my child’s appointment to discuss further care or treatment, I may be reached at the following phone numbers.

Home: () _____ - _____ Work: () _____ - _____ Other: () _____ - _____

Medical Appointment
I consent to care and treatment, including dilation, at Lexington Eye Associates for my child related to his/her medical appointment on
_____/_____/_____ for _____
Date (month/day/year) Reason for appointment

Series of Routine Appointments
I consent to care and treatment, including dilation, at Lexington Eye Associates for my child related to a series of routine appointments from
_____/_____/_____ to _____/_____/_____ for _____
Date (month/day/year) Date (month/day/year) Reason for appointments

I understand that in case of a medical emergency involving my child, a reasonable effort will be made to contact me and secure my consent for needed medical services including surgical procedures. If I cannot be located within a reasonable time, however, I consent to any emergency surgery or other emergency medical treatment necessary for my child.

I agree to reimburse Lexington Eye Associates for the cost of rendering these services.

Signature of parent or legal guardian

_____/_____/_____
Date (month/day/year)