

Complete this form if patient is less than 18 years old

CONSENT TO TREAT MINOR CHILD

I, _____, am the parent or legal guardian of:

Child's Full Name: _____ **Date of Birth:** _____

I hereby authorize Natural Vision and its physicians, healthcare providers, and authorized staff to provide medical care and treatment to my minor child when, in the provider's professional judgment, such care is necessary or appropriate for my child's health and welfare.

This authorization includes, but is not limited to, medical examinations, evaluations, counseling, diagnostic services, medications, treatments, procedures, and surgical procedures, as determined by the treating physician or other authorized healthcare provider.

I understand that reasonable efforts will be made to contact me before providing care whenever circumstances permit. If I am unavailable to provide consent in person, I authorize Natural Vision and its healthcare providers to obtain my consent by telephone or other appropriate means of communication, subject to applicable law and Natural Vision's policies.

I understand that this authorization does not limit the healthcare provider's responsibility to obtain any additional consent that may be required by law for a specific treatment or procedure.

AUTHORIZATION PERIOD

This authorization is effective beginning _____ and will remain in effect for one (1) year, unless revoked by me in writing or otherwise terminated as permitted or required by law.

PARENT /LEGAL GUARDIAN INFORMATION

Father/Legal Guardian Name: _____

Telephone: _____ **Date of Birth:** _____

Mother/Legal Guardian Name: _____

Telephone: _____ **Date of Birth:** _____

Authorized adults permitted to accompany minor to appointments if parent/guardian is absent:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CONSENT AND SIGNATURE

By signing below, I confirm that I am the parent or legal guardian of the minor child identified above and that I understand and agree to the terms of this authorization.

Parent/Legal Guardian Signature: _____

Printed Name: _____ **Date:** _____