



CONSENT FOR NON-EMERGENCY TREATMENT OF MINORS

Lexington Eye Associates strongly encourages that a parent or legal guardian accompany any minor child (17 years of age or younger) to all medical appointments. If a parent or legal guardian is unable to accompany the minor child to a medical appointment, the parent or legal guardian must either: (1) complete and sign this Consent for Non-Emergency Treatment of Minors form and provide it to Lexington Eye Associates prior to the appointment, or (2) give the completed and signed form to the minor child to present at the time of the appointment.

If a minor child presents for a non-urgent medical appointment without a parent or legal guardian and without a signed consent form, treatment may be denied.

Name of Child: _____ DOB: _____

Name of Parent/Legal Guardian:

If there is a need to contact me during my child's appointment to discuss further care or treatment, I may be reached at the following telephone numbers:

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

Medical Appointment

I consent to the care and treatment of my child, including dilation, at Lexington Eye Associates in connection with the following medical appointment:

Appointment Date: ___/___/___ **Reason for Appointment:** _____

Series of Routine Appointments

I consent to the care and treatment of my child, including dilation, at Lexington Eye Associates in connection with a series of routine appointments during the following period:

From: ___/___/___ **To:** ___/___/___ **Reason for Appointments:** _____

I understand that, in the event of a medical emergency involving my child, reasonable efforts will be made to contact me and obtain my consent for necessary medical services, including surgical procedures. However, if I cannot be reached within a reasonable time, I authorize any emergency surgery or other emergency medical treatment deemed necessary for my child.

I agree to be financially responsible for charges incurred as a result of rendering such services.



Signature of Parent or Legal Guardian
(month/day/year)

Date