

# TYSON EYE

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## Consent for Treatment of Minors

Tyson Eye strongly encourages that a parent or legal guardian accompany any minor child (under 18 years old) to their vision appointments. Please complete this form if your child will be attending their visit without a parent or legal guardian.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent / Legal Guardian: \_\_\_\_\_

Name of Adult Accompanying

Minor to Appointment: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I consent to care, treatment and/or dilation (including administration of any necessary eye drops) at Tyson Eye for my child related to his/her medical or routine vision exam(s).

I give permission for the physician / staff of Tyson Eye to share relevant health information with the person who is accompanying my child.

Date: \_\_\_\_\_

**I understand that I am financially responsible for all expenses incurred by my child during this appointment.**

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Treatment of Minors**

PATIENT NAME: \_\_\_\_\_

SEX: M F DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE: \_\_\_\_\_