

Consent to Treat Minor Patient



This form provides authorization by a parent or legal guardian for another adult to consent treatment of a minor during the absence of the parent(s) or legal guardian. This form may be on file with Midwest Eye, PC prior to a scheduled appointment or presented at the time of an appointment.

Minor's Name _____
Last First Middle

Date of Birth _____
mm/dd/yyyy

Allergies: _____

Current Medications: _____

Chronic Conditions or Health Concerns: _____

Scheduled Appointment Date Any Scheduled Appointment Date

Insurance information called in /copy of insurance cards attached

List the individuals who are authorized to accompany and consent for treatment of the minor, for example a grandparent, caregiver or adult sibling:

Name	Relationship to Patient

Name	Relationship to Patient

- I pre-authorize Midwest Eye and it's staff to deliver scheduled care and services to the minor when accompanied and consented by an individual listed on this form. Further consent from the parent or legal guardian may be necessary if a procedure requires an informed consent.
- I understand that the insurance information must be called in a minimum of 48 hours prior to the appointment. Insurance cards are also required to be presented at time of service or can be faxed to 630-560-4729 within 48 hours prior to the patient's scheduled appointment The adult accompanying the minor is responsible for payment of the patient portion at the time of service.

Name of Parent or Legal Guardian (please print)

Telephone Number

Signature of Parent or Legal Guardian

Date