

Consent to Treat a Minor Without a Parent Present



Happy Valley Vision Source requires consent before any services can be provided to a minor under the age of 18 without his or her parent/legal guardian present.

I authorize Happy Valley Vision Source to provide eye care to my son/daughter, including, but not limited to, diagnostic examinations, measurement of ocular pressure, dilation of pupils by administration of eyes drops, Optomap retinal screening, and if requested contact lens fitting and evaluation, and necessary treatment for eye injury or disease as deemed appropriate by his/her optometrist.

I understand that should my minor child need a referral for surgery or other treatment not provided by our optometrist, attempts will be made to contact me before such care is initiated.

I further understand, once my child reaches the age of majority (18) , my consent for treatment is no longer required.

This consent will remain in effect until the patient reaches the age of eighteen unless revoked in writing to Happy Valley Vision Source.

By signing below I acknowledge that I have read, understood, and Consent to the Treat a Minor Policy above. Any questions I had prior to signing were answered by Happy Valley Vision Source.

Patient Name: _____

Guardian Signature: _____ **Date:** _____

Guardian Name: _____ **Relationship:** _____

Guardian Phone Number: _____

PAYMENT

I understand, even though I will not be present, complete payment is due at the end of my child's appointment. Payment will be made by phone, Happy Valley Vision Source's text-to-pay service, and/or my child will have payment with them. If you prefer your child to process payment with your credit card in-office please sign below:

By signing below, I acknowledge that my child has the right to use my credit card as a form of payment for her exam, glasses, contact lenses, and other medical needs at Happy Valley Vision Source.

Guardian Signature: _____ **Date:** _____