

Consent for Evaluation/Examination of Minor Child

Minor Child Name: _____

Chart #: _____

Date: _____

Center: _____

Name of Parent or Legal Guardian: _____

I am the parent and/or legal guardian for my minor child. I give my written consent for my minor child to be examined and treated at Carolina Eye Associates.

Carolina Eye Associates prefer that the parent/legal guardian accompany their child at the time of any evaluation or examination. However, if you cannot accompany your child, please complete the following:

Name of person who may accompany the above named minor child in absence of the parent or legal guardian: _____

I certify that I have the legal authority to execute this document as parent, legal guardian, or under other circumstances.

Parent, relative or legal guardian signature: _____

Date: _____ Time: _____

Witness' signature: _____

Notes
