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GRENE VISION GROUP
TOTAL EYE CARE FOR THE ENTIRE FAMILY

**Authorization For Evaluation And/Or Treatment of A Minor Child
 Unaccompanied By Parent or Legal Guardian**

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical and/or surgical treatment provided by Grene Vision Group. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent is valid for the specific time period with a maximum of one year from date signed.

Minor Patient:	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
	Date of Birth: _____	Phone: _____	

Time Period:	Written consent is valid for the time period of: _____ to _____. (Not to exceed one year) at which time a new consent form would be required. This consent may be revoked by me at any time in writing.
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Authorization for other individual to accompany minor patient under 18 years of age.	<p>I authorize _____ <small style="margin-left: 100px;">Name of person(s) being authorized</small> Relationship to Patient</p> <p>To give consent to medical treatment by Grene Vision Group, on behalf of my child listed above. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.</p> <p>_____ Parent/Legal Guardian Date Signed</p> <p>_____ Phone number (in case of emergency)</p>
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Authorization for minor patient to be unaccompanied for treatment by Grene Vision Group	<p>I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.</p> <p>_____ Parent/Legal Guardian Date Signed</p> <p>_____ Phone number (in case of emergency)</p>
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