

POLICY: CONSENT TO MEDICAL TREATMENT OF UNATTENDED MINORS

To Parents and Guardians of Minor Children:

The providers and staff of place great emphasis on the health and well-being of each and every patient in our clinic. We appreciate that you have entrusted us to provide health care services to your minor child and we look forward to working with you to ensure that your child receives the best health care possible.

As a general rule, **we require the consent of a parent or legal guardian in order to provide health care services to a minor child** (someone under the age of 18). With so many parents working outside the home or with other commitments, we realize that you may not be able to accompany your child on every visit to the clinic. If your minor child presents to the clinic unaccompanied, we will not be able to see the unaccompanied minor. If the minor presents in the company of an adult other than a parent or legal guardian, they must have documentation from the parent or legal guardian giving consent for treatment. If they do not have consent for treatment the appointment will be rescheduled.

In an effort to provide the care needed and avoid having to reschedule your child's appointment, we have developed a consent form that, once completed by a parent or legal guardian, will be placed in your child's medical record for use as necessary. This form will allow us to provide routine and medical treatment (including eye dilation, ocular testing, and contact lens evaluations) for your minor child when deemed necessary by qualified medical personnel. We will make our best effort to notify parent or guardian of services we believe may not be covered by a minor's insurance plan however ultimately it is up to the parent/guardian to request any services that they do NOT want the minor to have prior to the appointment as every insurance plan has differing coverage. Adults, other than the parent or legal guardian who accompany a minor child to an appointment and are authorized by the Consent to Treat a Minor on record, will be asked to present photo ID upon checking the patient in for the appointment. This consent form will remain in effect until revoked in writing. You may request this form from any member of our clinic staff.

By law, minors have the right to consent to certain health care without a parent or guardian's consent. A minor may consent to medical if the minor is emancipated (legally independent) or married to someone at or above age 18 or in the event emergency care is necessary.

Rest assured that we would continue to provide health care services that are in the best interests of your minor child.

If you have questions regarding any of this information, please contact us at least 48 hours **before** the child's appointment.

CONSENT TO MEDICAL TREATMENT OF UNATTENDED MINORS AUTHORIZATION

I, the parent(s) or legal guardian of the named patient, a minor, do hereby authorize the doctors at to act as agent(s) for the undersigned to consent to ocular examination, dilation, medical diagnosis and treatment or other medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, the treating doctor who is licensed to practice in the state of New Hampshire, whether such diagnosis or treatment is rendered at the office of said doctor. **I further acknowledge that I am responsible for any portion of charges that are not covered by the child's insurance.**

This authorization is valid for:

Any and all medical services including instillation of eye drops for eye pressure, diagnosis, & dilation necessary to eyecare of minor. For Optomap retinal imaging. For contact lens evaluation, fitting, training, and prescriptions. For medical eyecare testing and treatment.

Valid for until patient turns 18 years old or until revoked in writing

Minor Patient Name: _____ Date of birth: ___ / ___ / ___

Parent or legal guardian: (Print Name)

Date: ___ / ___ / ___

Parent or legal guardian signature:

If you plan to purchase eyewear, contact lenses, or eyecare products, we recommend assisting the minor in section of these products. We are happy to note any desired products on the patient's account for payment over the phone or in person. Payment for these products must be rendered with before products can be distributed.