

- Cataract Surgery • Laser Vision Correction • Comprehensive Ophthalmology • Neuro-ophthalmology • Uveitis • Cornea & External Disease • Glaucoma
- Ophthalmic Plastic and Reconstructive Surgery • Cosmetic Eyelid Surgery • Pediatric Ophthalmology • Pediatric & Adult Strabismus Surgery
- Medical and Surgical Disease of the Retina • Audiology

PERMISSION TO ACCOMPANY A MINOR

I, _____ the parent or legal guardian of _____
_____ (name of child) residing at _____
_____ (address) born on the ____ day of _____, 20____ do
hereby consent and allow _____ (name of adult to be accompanying
child) to accompany my child and authorize treatment for my child in accordance with the office
policy of Pediatrics. This includes but is not limited to accompanying the child into the exam
room, signing all necessary documentation upon check-in, providing proof of valid health
insurance, proving the child's medical history and a history of present illness, authorizing
any/all treatment during the exam including the instillation of dilating eye drops if necessary.
This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the
parent or legal guardian mentioned above. This adult must provide a valid photo ID at the time
of check-in. I as the parent/legal guardian agree to be available by phone and to be financially
responsible for all copays and coinsurance.

This authorization is effective from: _____ (effective date) and will remain in
effect until I authorize cancellation by having this consent removed from the chart.

Child's Health Information

Current prescribe or over-the counter medications and dosages:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies, history of illnesses or other comments: _____

Pediatrician: _____ Phone: _____

Address: _____

Emergency Contact Information for Parents/Guardians:

Name: _____ Relationship to Patient: _____

Best # to Contact: _____ Alternative #: _____

Parent or Legal Guardian Signature

Date

1.855.295.4144
sightmd.com



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