

Focus n Vision

PARENT CONSENT TO TREAT A MINOR FORM

Being the parent or legal guardian of _____ (minor's printed name),
I _____ (parent/guardian's printed name) do consent to the
examination of the eyes and the rendering of such care, including diagnostic procedures and medical
treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will
be made to contact me prior to treatment. I understand that the doctor and other providers attending
to my child will take all reasonable safety precautions during their care.

Parent/Guardian Signature: _____ Date: _____