



Haywood Family Eye Care

member *VISION SOURCE*

Haywood Family Eye Care, O.D., PLLC

29 North Main Street

Waynesville, NC 28786

main (828) 456-8361

fax (828) 452-4527

office@haywoodfamilyeye.com

Consent for Treatment of a Minor without Parent Present

I give permission for my child to be evaluated and treated at Haywood Family Eye Care in my absence. I understand that it may be necessary to perform special testing (such as retinal photos, retinal optic nerve imaging, visual field testing) in the course of the evaluation. I accept responsibility for physician charges and fees.

If there are any services that you do not consent to in your absence, please list:

My child will be accompanied by:

himself/herself- **Age 16 or older only**

other (name, relationship)

I give permission for the physician to share any relevant health information with the person who is accompanying my child.

Child's name

Date

Parent or Guardian Signature

Parent or Guardian Name

Phone number where parent or guardian can be reached