Southern Montana Optometric Center

Permission to Treat a Minor without a Parent Present

Prior to starting any care or service to a minor we must receive permission from a child's parent or legal guardian. This includes providing treatment(s) for preventative care, examination, injury or illness that is non-life threatening.

This form provides the legal permission to either treat without any adult present (Section A), or with a designated adult present (Section B).

Patient's Name: _____

Patient's Date of Birth: _____ **Today's Date:** _____

Section A (ONLY for unaccompanied minor)

Authorization to treat your minor child in case you or your designated representatives are unable to accompany your child to one of his/her visits:

I, (print your name) _____ grant Southern Montana Optometric Center & Dr. Benner permission to:

(1) ___☐___assess.
(2) ___☐___assess & initiate treatment.
(3) ___☐___assess treat and begin material selection.
(4) ___☐___assess treat and begin material selection including Contact Lenses.

to the aforementioned minor without an parent present. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

Section B (for child accompanied by non-parent)

Delegation of authority for medical treatment of a minor child to the designated representative indicated below:

I, (print your name) _____ grant Southern Montana Optometric Center and Dr. Benner permission to:

(1) ___☐___assess.
(2) ___☐___assess & initiate treatment.
(3) ___☐___assess treat and begin material selection.
(4) ___☐___assess treat and begin material selection including Contact Lenses.

the aforementioned minor in the presence of the following adults (you may choose more than one):

Name: _____ Relation to minor _____

Name: _____ Relation to minor _____

I agree to be financially responsible for payment of all charges in connection with the care & treatment rendered.

NOTE: Insurance card(s) and co-pay amounts (if applicable) must be presented at each visit.

Authorized by: _____ Date: _____

Parent / Legal Guardian Emergency Contact Phone _____ Emergency Contact Phone #2 _____

(Authorization is valid until otherwise revoked)