



Eye Surgeons Associates

Medical • Surgical • Optical

Bettendorf Muscatine Geneseo Rock Island Silvis

Consent to Provide Medical Care To A Child

(Office use only)

Patient Name: _____ Patient ID Number: _____

We request a parent or guardian accompany any child (15 years or younger) to this appointment. **If you are unable to come to the clinic with your child, please complete this form and have them bring it to their appointment.** _____ **Do not** mail this authorization.

(Time and date of appointment)

CONSENT VALID FOR THIS APPOINTMENT ONLY

(This section is to be filled out by parent or guardian if minor is 15 years or younger)

I authorize the doctor to take a history, perform an eye examination, and perform diagnostic testing if medically indicated. If treatment is needed the doctor will attempt to reach a parent or guardian as listed below by phone.

I hereby appoint _____ as my representative. I empower him/her to act as
(Name of representative)

legal guardian of medical care and diagnostic testing provided for my child during this appointment.

Signature of parent or guardian

Date

Daytime telephone number

Work telephone number, if applicable

(This section is to be filled out by parent or guardian if minor is 16 to 18 years of age)

I am sending my child without a parent or guardian and I authorize the doctor to take a history, perform an eye examination, and perform diagnostic testing if medically indicated. If treatment is needed the doctor will attempt to reach a parent or guardian as listed below by phone.

Signature of parent or guardian

Date

Daytime telephone number

Work telephone number, if applicable

If you have any questions, please contact Eye Surgeons Associates, P.C.

Bettendorf - 563-323-2020

Silvis - 309-792-2020

Rock Island - 309-793-2020

Geneseo - 309-944-8888