

Consent for Unaccompanied Minor Appointment

I, _____, am the legal parent or guardian of _____.
I hereby provide my consent for my minor child to attend their medical appointment without a parent or guardian present. I understand that following the appointment, the doctor will contact me to inform me about the diagnosis and any relevant details from the visit.

Authorization for Alternate Individual Attendance and Release of Information

The following individual is authorized to attend my child's appointment in my absence. I further authorize Family Eye Care of Columbus, Inc to release my child's personal health information to this individual:

Parent/Guardian Signature and Date

Signature: _____

Date: _____

This consent is valid until we are informed in writing that the listed individual is no longer authorized.

Document must be given with a copy of a valid government issued ID provided by both guardian and the accompanying adult.