

Prairie EyeCare Center
Dr. Jeffrey Sanger Dr. Melinda Kennel

Consent for Treatment of Minors

Prairie EyeCare Center strongly encourages that a parent or legal guardian accompany any minor children (18 years of age or younger) to their vision appointments. Please complete this form if your child will be attending their visit without a parent or legal guardian.

Name of Child _____
Date of Birth _____
Name of Parent/ Legal Guardian _____

**If there is a need to reach me during my child's appointment to discuss further care or treatment, I may be reached at the following numbers:
Home: _____ Cell: _____ Work: _____**

I consent to care, treatment and/or dilation (including administration of any necessary eye drops) at Prairie EyeCare Center for my child related to his/her medical or routine vision exam on Date: _____

I understand that I am financially responsible for all expenses incurred by my child during this appointment.

Parent/Legal Guardian Signature _____

Date: _____

