



CONSENT TO TREAT MINOR CHILDREN

I, _____ do hereby consent to any medical care and treatment as
name of parent or legal guardian

determined by a physician to be necessary for the welfare of my child, _____,
name of patient

date of birth ___/___/_____, while said child is under the care of **Tozer Lee Eye Center**, and I
MM DD YYYY

am not reasonably available by telephone to give consent.

This authorization is effective from ___/___/____ to ___/___/____.
MM DD YYYY MM DD YYYY

Signature of Parent or Legal Guardian

Date

Family address: _____

Parent/Guardian Telephone: _____

Witness Signature