

**Prairie EyeCare Center**  
**Dr. Jeffrey Sanger   Dr. Jincy Ross**

**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.**

<b>Name of Child</b> _____
<b>Date of Birth</b> _____
<b>Name of Parent/ Legal Guardian</b> _____

**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: \_\_\_\_\_**

<p><b>I consent to all treatment and/or dilation (including administration of any necessary eye drops) or Clarus imaging at Prairie EyeCare Center for my child related to his/her medical or routine vision exam</b></p> <p><b><u>I understand that I am financially responsible for all expenses incurred by my child during this appointment.</u></b></p> <p><b><u>Clarus imaging is an alternative to dilation drops. It is an additional charge that is not covered by insurance or vision plans.</u></b></p> <p style="text-align: center;"><b>Signature: _____</b></p>
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