



EYE CARE CENTER OF LAKE COUNTY, LTD.
310 S. GREENLEAF STREET, SUITE 209
GURNEE, IL 60031-5708

PHONE: 847-244-1657
FAX: 847-244-5122

PERMISSION TO TREAT MINOR FORM

Eye Care Center of Lake County, Ltd. must receive written permission from a child’s parent or legal guardian before Providing treatments for an injury or illness that is non-life threatening. This form gives us the legal permission to treat your child in case you cannot accompany him/her to the office for an appointment. If the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this form to the office we will not be able to provide medical care.

Note:

- A parent/legal guardian must attend a minor’s first visit with Eye Care Center of Lake County, Ltd.
- A new “Permission to Treat a Minor” form is required for each visit that a minor will be seen without his/her parent or legal guardian.
- please send a copy of the insurance card and any copayments to be paid at the time services are rendered.

Minor’s name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Appointment date: _____

I (we) hereby authorize _____ (relationship to child) _____
an adult over 18 years of age who resides at:

_____/_____/_____/_____
Address City State Zip

To consent to any necessary examinations, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State of Illinois. I authorize the release of information to my insurance in order to obtain benefits or payments. We/I understand that for any balance not paid by the insurance will become our responsibility for payment.

Parent/Guardian printed name: _____

Parent/Guardian signature: _____ Date: _____

Address: _____/_____/_____/_____

Home phone: _____ Cell phone: _____

Signature of person accompanying minor _____ Date: _____

[] photo id verified