



2260 Oakmont Way, Suite 1 | Eugene, OR 97401

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### Permission to Treat

When a child under the age of 16 is to be treated at Foley Vision Center (FVC) without a parent or legal guardian present, then FVC must receive permission from the child's parent or legal guardian before providing treatment.

This is to serve as said permission. Treatment is to encompass any vision or other issues related to the child/patient's eyes using whatever ophthalmic treatments that Foley Vision Center deems medically necessary. This may include tests that are needed for the diagnosis of the condition for which the patient is being seen. This permission is valid for the duration of the treatment at Foley Vision Center.

### Financial Responsibility

I will be financially responsible for any charges related to this visit, and any subsequent visits.

Date: \_\_\_\_\_

Name of Patient/Child \_\_\_\_\_

Name of parent or legal guardian (please print): \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Signature \_\_\_\_\_