

# Look Optical

**North Denver**

5790 W 44th Ave  
Denver, CO 80212  
303-421-4422

**Aurora**

3130 S Parker Rd  
Aurora, CO 80014  
303-752-2662

**Montbello/Green Valley**

4804 N Chambers Rd  
Denver, CO 80239  
303-576-6655

**Westminster**

8737 Sheridan Blvd  
Westminster, CO 80003  
303-412-6570

## Parental Consent for Medical Treatment of Minor

When parents cannot be present at the time of their child's appointment, it is the policy of Look Optical that no child under the age of eighteen will be treated without a designated adult chaperone present or a signed consent form allowing child to be seen on their own.

Children under the age of eighteen who will be coming to the office alone must either have a signed form or verbal consent on file prior to being treated.

### Please check one option:

\_\_\_\_\_ My child under the age of eighteen will be coming to the office with a designated Adult Chaperone.

\_\_\_\_\_ My child under the age of eighteen will be coming to the office by themselves.

\_\_\_\_\_ on this day only \_\_\_\_\_ do hereby grant permission for  
Parent/Legal Guardian's Name Today's Date  
my child \_\_\_\_\_ to receive medical treatment in the event that I am not  
Child's Name  
present or available. Such medical care is to be rendered to said child under the care, supervision, and advice of a physician or other medical care provider licensed to practice in the state of Colorado. I agree to be responsible for all charges incurred by said treatment of minor child.

### Child's Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian's Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Adult Chaperone's Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Chaperone Signature

\_\_\_\_\_  
Date