

# ***DR. PAUL V. HAMEL & ASSOCIATES***

**PEABODY - REVERE - STONEHAM - WILMINGTON**

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## **Contact Lens Consent Form *for a Minor***

I, \_\_\_\_\_ (Parent/Guardian), hereby authorize Dr. \_\_\_\_\_ of Dr. Paul V. Hamel & Associates to examine and fit \_\_\_\_\_, who is a minor ( \_\_\_ yrs old ) for contact lenses.

I will be responsible to assure that the above minor will comply with all instructions of contact lens and ocular care as instructed by the above mentioned doctor.

Any complications incurred to patient due to any negligence of care by wearer will be my sole responsibility.

I am aware that contact lenses may cause irreversible ocular damage if proper care, cleaning, disinfection, and wearing schedule are not followed.

I will also assure that the patient will present him/herself to the appropriate follow-up appointments.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian)