

Myopia Management Informed Consent Form

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I understand the aim of myopia management is to slow how quickly my child's myopia may worsen over time.

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I understand that my child's myopia may continue to worsen even whilst undergoing myopia management.

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I have been advised on relevant intervention options available to my child, including possible considerations and complications of treatment, and am happy to proceed with myopia management.

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I have been informed about the considerations of not proceeding or complying with a myopia management intervention and understand the possible implications of this.

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I have been advised on a recommended wearing schedule (including the number of hours per day and days per week, if required) and understand the importance of adhering to this.

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I understand that from time to time my eye care professional may suggest a different myopia management intervention based on the latest research.

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I understand that my child must attend regular appointments to assess progress, which may be as frequently as three or six months and as directed by my eye care professional.

Declining myopia management

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I have been advised of the relevant options available to my child by my eye care professional, including the risks of not proceeding with any myopia management interventions and I do not wish to proceed with myopia management.

Parent Signature (or child if meets consenting age) _____

Parent Name _____

Date _____



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