

Consent To Provide Health Care Services To Minor Child

I, _____ (parental or legal guardian), give written consent to Family EyeCare at Westchase to arrange, schedule, and/or provide health care services, including the administration of topical ophthalmic drops including, dilating drops, anesthetics, and prescription medicinal drops, to _____ (minor child), as deemed necessary for the health and welfare of said minor child. This authorization is effective from the date of signature.

_____ DOB: _____

Minor Child's Name

_____ Date: _____

Signature of Parent or Legal Guardian

Relationship to Child

Known Allergies: _____
