

CONSENT TO PROVIDE HEALTH CARE SERVICES TO MINOR CHILD

I, _____ (parent or legal guardian), give written consent to Pines Vision Care to arrange, schedule, and/or provide health care services, including the administration of topical anesthesia and prescription of medicinal drugs, to _____ (minor child), as deemed necessary for the health and welfare of said minor child. This authorization is effective from the date of signature.

Minor Child's Name

DOB:

Signature of Parent or Legal Guardian

Date

Relationship to Child

Known Drug Allergies: _____

Current Medications: _____

Primary Care Physician: _____