

# CONSENT TO PROVIDE HEALTH CARE SERVICES TO MINOR CHILD

I, \_\_\_\_\_ (parent or legal guardian), give written consent to **LANDSAW EYECARE** 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 Name

\_\_\_\_\_  
Minor Child DOB:

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*VISION SOURCE*<sup>®</sup>