## **Parental Consent Form**

l,	, the parent, custodian or guardian of
Minor child	DOB
Address of patient	
Insurance company	policy #
Drug Sensitivities	
Allergies	
• •	diagnosis, treatment, and/or care to be rendered to such pervision, and on the advice of Eye Centers of Florida, PAder their supervision.
The undersigned represents that he/s here, and that they agree to the term	he has read and understand the information contained s and conditions of this authorization
Parent / Authorized Signature	
Print name	Date
Home #	Cell # Work #
Name of person whom you give author	prity
Signature of authorized person	Date
We reserve the right to refuse	to see the minor child without proper Identification
attorney executed after july1.2001,to proconsent to medically necessary surgical	orney to provide medical consent for a minor. A power of rovide medical consent for a minor includes the power to and general anesthia services for the minor unless such executing the power of attorney has the power to consent.
A. Step Parent	
B. Grandparent of the minor	
C. Adult Brother / Sister of the minor	
D. Adult Aunt / Uncle of the minor	

### Parental consent form policy

#### **Florida Statues**

Title XLIII: domestic relations disability of nonage of minors removed

**Medical care and treatment** – medical, dental, preventive care, well child care but does not include surgery, general anesthesia

**Person who has the power to consent** as otherwise provided by law – natural/adoptive parents Legal custodian or legal guardian.

#### A Step Parent

- B. Grandparent of the minor
- C. Adult Brother / Sister of the minor
- D. Adult Aunt / Uncle of the minor

Parents can give permission to another Adult 18 yrs. of age and above as stated in the above statue.

The person that accompanied the minor must show a picture I.D.

This person must be the same person that is on the Parental consent form.

# \*We reserve the right to refuse to see the minor child without proper identification

Upon arrival they must present the parental consent form.

The form must be checked for the following

All areas properly filled out

Copy of both I.D. s

Check the id of the authorized person \* must be a picture I.D. drivers license, state I.D., Pass port, Resident card.

Please scan into Nextgen ,file in chart.