

CONSENT TO PROVIDE HEALTH CARE SERVICES TO MINOR CHILD

Effective July 2022, Per Florida Law, the following form MUST be filled out and signed by a guardian before we can confirm any appointment or provide any care to any minor.

I, _____ (parent or legal guardian), give written consent to Coastal VisionCare 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 : _____

Please email to office@coastalvisioncare.com or fax to 321-724-9088