

# Marciano Family Optometric

A MEMBER OF



DR. MARK MARCIANO, OPTOMETRIST · DR. BRANDEE O. MARCIANO, OPTOMETRIST · DR. TSUNG HAO WU, OPTOMETRIST

## Consent to Provide Health Care Services To Minor Child

I \_\_\_\_\_ (parent / legal guardian), give written consent to Marciano Family Optometric to arrange, schedule, and/or provide health care services, including the administration of topical anesthesia and prescription or 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

\_\_\_\_\_  
Minor Child's DOB

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

\_\_\_\_\_  
Date

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

Known Drug Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_