

Marciano Family Optometric

A MEMBER OF *VISION SOURCE™*

Dr. Mark T. Marciano • Dr. Brandee O. Marciano • Dr. Tsung-Hao Wu • Dr. Steven L. Silverstone

Parental Consent to Provide Health Care Services for Child

I/We, _____, being the (check one) parent(s) legal guardian(s)

of _____ [Child], authorize _____ [Caregiver] to

seek, obtain and consent to treatment or eye care services provided by **MARCIANO FAMILY**

OPTOMETRIC AND ITS DOCTORS AND/OR STAFF, including, but not limited to, comprehensive exam,

emergency eye care, dilation drops, topical anesthesia and/or prescription or medicinal drugs or treatments.

Signature of Parent or Legal Guardian **Print Name** **Date**

Signature of Caregiver **Print Name** **Date**

IMPORTANT: Caregiver must present their State/Government photo ID at Check In.

Known Drug Allergies: _____

Current Medications: _____

Primary Care Physician: _____ Phone _____