

Parental Consent Form for Health Care Service of Minor

Patient Name: _____ DOB: _____

House Bill No. 241 requires all health care practitioners in Florida, including optometrists and their employees, to obtain written parental consent before providing, soliciting, arranging health care services, prescribing medicinal drugs, instilling eye drops including dilation drops, and/or performing medical procedures for minor children.

I, _____, do hereby authorize Okaloosa Eye Care to provide, solicit, arrange health care services, prescribe medicinal drugs, instill eye drops including dilation drops, and/or perform medical procedures and prescribe spectacles and/or contact lenses deemed necessary by the rendering provider for _____.

I, _____, do hereby authorize the following individual(s) to act on my behalf when I am unable to accompany my child at Okaloosa Eye Care. This individual may receive any and all medical information and act as my child's representative in my absence. I release Okaloosa Eye Care of any and all responsibility or obligations for releasing this information.

Please provide the following information on each person you will allow to act as your child's representative.

NAME	RELATIONSHIP	PHONE #

Signature of Parent/Guardian
Date



Dr. Chelsea R. Evans, Dr. Robby Evans, Dr. Wanda C. Batson, Dr. Amy E. Riggs