



Dr. Carvell and Associates
— Excellence in eyecare —

Consent to Provide Health Care Services to Minor Child

I, _____ (parent or legal guardian), give written consent to **Dr. Carvell and Associates** to arrange, schedule, and/or provide health care services, 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

Primary Care Physician