



Person Number (office use only): _____

Consent for Treatment of Minor Child

The State of Florida has enacted Florida Statute 1014.06(1) that imposes additional obligations on health care providers when obtaining consent to treat a minor child. This form seeks to comply with our obligations under this law, including obtaining a written consent to prescribe, where medically indicated, medicinal drugs needed by the minor child identified below. The law also states that written consent must be obtained from a parent who has legal custody of the minor child or is the legal guardian of the minor child.

By signing below, I represent that I am either a parent with legal custody or the legal guardian of the minor child named below.

I give Lake Eye Associates, other medical professionals, and employees, consent to provide, solicit and arrange for health care services, and prescribe medicinal drugs, when necessary, to the minor child named below.

THIS CONSENT FORM HAS BEEN EXPLAINED TO ME AND MY QUESTIONS HAVE BEEN ANSWERED.

Date: _____ Signature: _____

Print Name: _____

Relationship: _____

Name of Minor Child: _____ Date of Birth: _____

If an Interpreter is Used:

Qualified Staff/Interpreter Signature: _____

Print Qualified Staff/Interpreter Name: _____

Language Interpreted: _____ Date: _____