

**Parental / Guardian Consent for Eyecare for Minors**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to provide  
(Name of Parent / Guardian) (Name of Eyecare Establishment)

eyecare products and services to the minor \_\_\_\_\_ (DOB: \_\_\_\_\_.)  
(Name of Minor)

X \_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date