



## Parental / Legal Guardian Permission for Care

**NOTE:** This Form MUST be presented at the time of the appointment for your child. All insurance cards and information MUST also be presented at the time of the appointment. Please complete the Medical History Questionnaire and Welcome to Our Office Forms that can be found in the Scheduling an Appointment section of our Website. No minor child will be examined without the Parent / Legal Guardian or THIS FORM at the time of appointment.

I, \_\_\_\_\_, attest that I am the Parent and/or Legal Guardian of \_\_\_\_\_ who is scheduled for examination at The Eye Center. I am unable to be present during the examination and am authorizing \_\_\_\_\_ to give permission for examination and treatment in my place.

If you have questions or need further permission for procedures beyond basic examination and treatment; I may be contacted by phone at \_\_\_\_\_ or a second number where I can be reached is \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of person with Child**

\_\_\_\_\_  
**Date**