

DESIGNATION OF ANOTHER PERSON TO CONSENT FOR MEDICAL CARE

I (parent or legal guardian) _____, cannot accompany my child, _____, to New Albany Vision Clinic.

Therefore, I give permission to the non-parent caregiver of legal age accompanying above said child to appointment, to verbally consent to medical treatment (including any type of procedure, dilation or other medical testing) to assist in the examination of said above named child without having to contact me. This form will remain in effect until revoked by parent or legal guardian by filling out a revocation form, available upon request.

(Signature of parent or legal guardian)

(Date)

(Signature of witness)

(Date)