Date: _____________

I ______________________ father/mother/legal guardian of ____________________, allow my child to be examined without my being there. My child will be accompanied by ____________________ who is the child’s _____________________.

Relationship

I give full permission and responsibility to the person accompanying my child to make all final decisions for today’s visit at Ophthalmology Associates of Bay Ridge.

Please present a copy of your ID and ID of the person who is accompanying the child.

Witness Signature: ____________________________________________
(staff member of OABR)

Parent’s Name: ____________________________________________

Parent’s Signature: ____________________________________________

Date: _________________ Telephone: _________________________

STATE OF ____________________

COUNTY OF ______________

On this, the_______ day of ______________, 20____, before personally appeared ____________________________, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

(SEAL)

__________________________
Notary Public