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Consent by Parent for Minor To be treated at Chico Eye Center

Name of Child

D.O.B.

I hereby give my consent to Chico Eye Center to see _____.
(Minors name)

The following person(s): _____ have my permission to be
(Name of person with minor)

with _____ during the exam at Chico Eye Center, on _____.
(Minors name) (Date)

Parent / Guardian Name

Parent / Guardian Address

Telephone

Business Phone

Parent / Guardian Signature

Date

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