



**Alabama  
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## Consent for Medical Treatment

Dear Parent or Guardian:

Before your child is seen by one of the doctors at Alabama Ophthalmology Associates, P.C., we must obtain a consent for medical treatment by a parent or legal guardian.

### *Patients Brought by Non-Parents*

If you allow someone other than a parent to bring your child to see one of the doctors at Alabama Ophthalmology Associates, P.C., you must provide a letter stating the following and signed by you:

I give permission for (name of person bringing the child) to bring my child to Alabama Ophthalmology Associates, P.C. for treatment on (date of visit).

A parent or legal guardian must ALWAYS bring the child for surgery.

### *Patients in the Custody of a Non-Parent*

If the patient is in the custody of a non-parent, we must have a copy of the guardianship agreement or court order before the patient is seen at Alabama Ophthalmology Associates, P.C.

Thank you in advance for your cooperation. Please do not hesitate to contact our office should you have any questions.

Sincerely,

Alabama Ophthalmology Associates, P.C.