



**Family Vision Care Associates, LLP**

Ira J. Bernstein, O.D., F.A.A.O., F.C.O.V.D. Paul R. Bernstein, O.D., F.C.O.V.D. Andrea S. Bernstein, O.D.

**CONSENT**

I \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_,  
hereby give permission for services to be rendered to \_\_\_\_\_, in  
connection with their appointment of \_\_\_\_\_, as well as any  
subsequent visits, should they be needed.

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print name and relationship