PARENTAL—PATIENT UNDER 18 RELEASE TO BE SEEN WITHOUT PARENT/GUARDIAN PRESENT

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Craig L. Wilkerson, M.D. **Brent S. Harberts, O.D.**

I, _____ _____,
Patient Parent Date of Birth

hereby give permission for my child: _____

_____to be seen without my being present by:
Date of Birth

_____ on this date _____.
Doctor's Name

I understand that my child may be dilated and that this may affect his/her driving abilities.

_____ _____
Patient Signature Witness Signature

_____
Date