DuPage Family Eye Care

489 Taft Ave
Glen Ellyn, IL 60137
(630) 790-1300

Parental Consent Form

I hereby state that in my absence that _____

may bring my minor child, _____to DuPage Family Eye Care for his/her appointment. I understand that the named temporary guardian will be expected to present a picture identification at each visit and stay in the room at all times during the visit. By signing this statement, I also agree to give the named temporary guardian access to my child's medical and financial information and permission to make medical decisions as needed.

This will be effective as of the signature date and will expire on _____.

Patient's Name:_____

Patient's Address:_____

Parent's Name:_____

Parent's Signature:_____Date:_____

This document may be revoked by the parent/legal guardian at any time by providing DuPage Family Eyecare documentation in writing. Temporary guardian must be 18 years of age or older.