



Kelly Cleary OD ● William Harper OD ● Taylor Prchal OD

**Albany Eye Care**

2809 Old Dawson Road  
Albany, GA 31707  
P (229) 888-3937  
F (229) 888-6369

**Blakely Eye Care**

6 Court Square  
Blakely, GA 39823  
P (229) 518-6205  
F (229) 888-6369

**Camilla Eye Care**

26 S. Scott Street  
Camilla, GA 31730  
P (229) 330-3937  
F (229) 888-6369

## Consent & Request for Treatment of a Minor Child

As a parent or legal guardian, I hereby request treatment by Vision Source doctors and/or staff of my minor child:

Childs Name: \_\_\_\_\_

Childs Date of Birth: \_\_\_\_\_

I understand that evaluation and treatment of my minor child may involve MEDICAL and FINANCIAL decision making. I authorize the adult individual(s) below to make decisions on my behalf:

Name of adult to act on my behalf:

\_\_\_\_\_  
\_\_\_\_\_

I understand that this consent form will expire 3 years after the last office visit.

I also understand that I may discuss my child's care with his or her provider or Vision Source Staff at any time.

I have read and understand the above information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Legal Guardian)

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Parent/Legal Guardian)

Prchal & Prchal PC d/b/a Vision Source Albany Blakely Camilla