

PEDIATRIC  
**Ophthalmology**  
CONSULTANTS, LLC.

I, \_\_\_\_\_, the ( mother,  father,  legal guardian) will not be able to  
please print your name

attend my child's appointment on the date of \_\_\_\_\_. I grant permission to

\_\_\_\_\_ to supervise my child during the exam. I also grant per-

mission to Robert K. Rhee, M.D. to evaluate and treat my child.

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Date