

**Tomoka Eye Associates**  
**Consent for Non Parental/Guardian Accompanying Minor**  
*This Form MUST Be Notarized*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person Accompanying Minor: \_\_\_\_\_ DL # \_\_\_\_\_

I grant permission to the above named person to accompany my minor child to his/her appointment with Tomoka Eye Associates. I also grant them permission to act on my behalf with decisions in regards to the evaluation and treatment of the minor child. This consent shall remain in affect until a written request is given to Tomoka Eye Associates to withdraw the consent.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Stamp:

Personally known \_\_\_\_\_  
Produced Identification \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_