dell children's
medical center of central texas
A member of the Seton Family of Hospitals

PERMISSION TO TREAT

DELL CHILDREN'S EYE CENTER

Experience, Expertise & Excellence
Advancing the care of Kids in Central Texas

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Our Mission inspires us to care for and improve the health of those we serve with a special concern for the sick and the poor.

Dell Children's Eye Center has my permission to diagnose and to treat my child

_____ (DOB) _____in my absence when

he/she is accompanied by the following person(s):

Name:	Relationship:	Telephone Number:

Date: _____ Guardian Signature: _____

This document will be considered for 1 year from signed date unless otherwise specified.

2/14/12