SPECIALTY CLINIC PERMISSION FORM

Health Center – School Year 2025-2026

Student's Name: Click or tap here to enter text.

Listed below are the specialty clinics offered for the students at The Maryland School for the Blind (MSB). Please check off the clinic(s) that you would like your child to be evaluated in by the specialty consultants.

Please note that prior records from outside facilities and/or physicians will need to be provided in order for your child to be seen by a specialty consulting physician at MSB.

[ ]  Ophthalmology Clinic

* Held: Once per Month
* Purpose: Yearly Exams
* Parent attendance IS NOT required for the first visit

# [ ]  Neurology Clinic

* Held: Once per Month
* Purpose: Consultation
* Parent attendance IS required for the first visit

# [ ]  Nutrition Clinic

* Held: Once per Month
* Purpose: Consultation
* Parent attendance IS NOT required for the first visit

I GRANT PERMISSION FOR MY CHILD TO BE SEEN IN THE ABOVE SPECIFIED CLINICS.

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

Date: Click or tap to enter a date.

Printed Name of Parent/Guardian: Click or tap here to enter text.

I PREFER THAT MY CHILD BE SEEN BY HIS/HER PRIVATE PHYSICIANS AND NOT SEEN IN MSB SPECIALTY CLINICS.

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

Date: Click or tap to enter a date.

Printed Name of Parent/Guardian: Click or tap here to enter text.

PB/LB/cic:4/25/25