



The Maryland School for the Blind
 3501 TAYLOR AVENUE BALTIMORE, MARYLAND 21236 410-444-5000

SPECIALTY CLINIC PERMISSION FORM
Health Center - School Year 2026-2027

 (Student's Name)

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.

Parental Clinic Permission Check for Yes	Type of Clinic	Held	Purpose	Parent Attendance Required 1 st Visit	Prior Records Required
<input type="checkbox"/>	Ophthalmology	Once per Month	Yearly Exams	<u>No</u>	<u>Yes</u>
<input type="checkbox"/>	Neurology	Once per Month	Consultation	<u>Yes</u>	<u>Yes</u>
<input type="checkbox"/>	Nutrition	Once per Month	Consultation	<u>No</u>	<u>Yes</u>

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

 Signature Parent/Guardian

 Date

Printed Name of Parent/Guardian

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

 Signature Parent/Guardian

 Date

Printed Name of Parent/Guardian