

**THE MARYLAND SCHOOL FOR THE BLIND**

**SPECIALTY CLINIC PERMISSION FORM  
Health Center - School Year 2011-2012**

\_\_\_\_\_  
(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.**

**\* PARENT MUST ATTEND FIRST CLINIC VISIT**

\_\_\_\_\_ **\*\* OPHTHALMOLOGY** (held two times per month)

\_\_\_\_\_ **ORTHOPEDECS** (held four times per year)

\_\_\_\_\_ **\* BEHAVIOR MEDICATION REVIEW** (held weekly)

\_\_\_\_\_ **\*\* NEUROLOGY** (held once per month)

\_\_\_\_\_ **PEDIATRIC CLINIC** (held on Monday and Thursday for acute illness occurring during school ONLY. Does not replace routine visits/well child care visits to primary care physician)

\_\_\_\_\_ **NUTRITION CLINIC – (Limited Availability)**

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

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

\_\_\_\_\_  
**Date**

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

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

\_\_\_\_\_  
**Date**