

Dr. Aimee Pecori OD
Christine McBride *Office Manager*
Misti Tousley *Optical Manager*



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Gouverneur, NY 13642
P: 315-535-1700 F: 315-535-1704

Date: _____

I, _____, as parent/legal guardian of minor child
_____, hereby give permission to the doctors of Beacon Family Eye Care, to examine my
child and instill the necessary eye drops while I am not in attendance.

My child will be accompanied by _____, who is an adult of legal age.

Parent/Legal Guardian Signature

Patient Name

Witness