755 Mt. Vernon Highway, Suite 150
Atlanta, GA 30328
Phone (404)303-1314 Fax (404) 303-1399

PROXY PERMISSION FORM

PATIENTS WHO ARE NOT ACCOMPANIED BY A PARENT OR GUARDIAN

A parent or legal guardian must accompany all children/teens under the age of 18.The parent or guardian can designate another person to seek medical care for their minor by filling this required form.

I, ___________________________, give the following person(s) permission to make medical decisions and to sign any appropriate documents related to my child(ren), ____ in my absence.

Name: _________________________ Relationship: ________________
Name: _________________________ Relationship: ________________
Name: _________________________ Relationship: ________________
Name: _________________________ Relationship: ________________

I, ___________________________, DO/DO NOT give my child, _______________, permission to seek medical treatment by themselves without a parent, caretaker or guardian in accompaniment. I acknowledge that my child is of driving age and has the ability and maturation to understand our medical recommendations.

Signature of Parent: ________________________________ mother/father/legal guardian
Printed Name: ________________________________
Date: ________________________________