



Atlanta Children's Clinical Center, P.C.
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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 completing this required form.

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

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

For minor patients of driving age:

I, _____, give my child(ren), _____
(Parent/Guardian)

permission to seek medical treatment by themselves without a parent/legal guardian in accompaniment. I acknowledge that my child is of driving age and has the ability and maturity to understand our medical recommendations.

*Signature _____ Date: _____
(Parent/Guardian)

*Print Name _____