



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 \_\_\_\_\_