



Parental / Legal Guardian Authorization for Care

Please complete the 'Welcome to Smyrna Eye Group' and the 'Medical History Forms' that can be found in the 'Preparing for Your Exam' under the 'Patients' section of our Website.

No minor will be examined without the Parent, Legal Guardian or THIS FORM at the time of appointment.

I, _____, attest that I am the Parent or Legal
(Name of Parent or Legal Guardian)

Guardian of _____ who is scheduled for examination at
(Name of Minor)

Smyrna Eye Group. I am unable to be present during the examination and authorize

_____ to give permission for examination and
(Name of Accompanying Adult)

treatment in my place.

If you have questions or need further permission for procedures beyond basic examination and treatment; I may be contacted by phone at (____) ____ - _____.

Signature of Parent / Guardian

Date

Signature of Authorized Adult

Date

IMPORTANT: This Form MUST be presented at the time of the appointment for your child. All insurance cards and information MUST also be presented at the time of the appointment.