



## Parental / Legal Guardian Authorization for Care

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.