



Dear Parent / Guardian:

In Georgia, a person under the age of 18 is considered a minor. In keeping with all state and federal regulations, Marietta Eye clinic is unable to treat or examine a minor unaccompanied by a parent or legal guardian unless a signed consent form is completed by the parent or legal guardian. We apologize for any inconvenience this may cause. Please carefully read and sign the information below in order to allow us to treat the minor child in your absence.

I give the Marietta Eye Clinic physicians and staff permission to examine and or treat the below mentioned minor in my absence. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage the physician to exercise his or her best judgment as to the requirements of such diagnosis or medical treatment in my absence.

This consent shall remain in effect until revoked in writing by parent(s) or legal guardian(s) or until the child may legally consent for him or herself.

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**Please print.**

Minor's name:

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Date of birth:

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Parent or legal guardian:

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Relationship to minor:

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Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

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Signature of parent or legal guardian

Date

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Print Name of parent or legal guardian

Revised 2/2006