East Tennessee
CHILDREN'S HOSPITAL
2018 Clinch Ave. • P.O. Box 15010 • Knoxville, TN 37901 • (865) 541-8000

Did you know that in your absence, no one caring for your children can authorize their medical care without your written permission? If you leave your child with a babysitter while you are working or traveling, complete this form, have it notarized and leave it with your caregiver.
This will ensure that in an emergency, your child will receive prompt, necessary medical care even if you are not there to give consent.

CONSENT FOR MEDICAL TREATMENT

In case of emergency, I authorize (full name) _____
of (full address)_____
to give consent during my absence for my child(ren) listed below to be hospitalized, have surgery or receive other necessary health care:

- Child's full name _____
  Date of birth _____
  Child's physician/phone number _____
  Important medical history (chronic conditions, allergies, etc.) _____
  _____

- Child's full name _____
  Date of birth _____
  Child's physician/phone number _____
  Important medical history (chronic conditions, allergies, etc.) _____
  _____

- Child's full name _____
  Date of birth _____
  Child's physician/phone number _____
  Important medical history (chronic conditions, allergies, etc.) _____
  _____

Name of parent(s) or guardian(s)_____
Address of parent(s) or guardian(s)_____
Phone number of parent(s) or guardian(s)_____
Signature of parent(s) or guardian(s) _____
Date _____

NOTARY:

STATE OF TENNESSEE, COUNTY OF _____

SUBSCRIBED and sworn before me, a Notary Public,

this _____ day of_____, 20_____.

Notary _____

My commission expires _____

Revised 1/07 WH/EL