



2018 Clinch Avenue
P.O. Box 15010
Knoxville, TN 37901
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Did you know no one caring for your children can authorize their medical care without your written permission? If you would like another adult to be able to bring your child to Children's Hospital and its practices for care, complete this form, have it notarized and leave it with your caregiver.

Authorization to Obtain Medical Treatment

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. I also authorize Children's Hospital and it's providers and staff to share my child's protected health information (PHI) with the person named above as necessary. This authorization will expire two years from the date I sign below, unless I revoke it sooner in writing. The authorization will end sooner if the child turns 18 before the authorization expires.

- Child's full name: _____
Date of birth: _____
Child's physician/phone number: _____
Important medical history (chronic conditions, allergies, etc.): _____
[Repeat for multiple children]

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: _____