

PERMISSION TO TREAT

This form serves as authorization for emergency treatment for children who become ill or injured when parents cannot be reached.**

Child's name: _____ Date of birth: _____

In the event reasonable attempts to contact me at _____ Phone _____ or _____ Phone _____

or _____ Phone _____ have been unsuccessful, please contact:

Name Phone Relationship to child

Name Phone Relationship to child

If those attempts are unsuccessful,* I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____ (Preferred physician) or Dr. _____ (Preferred dentist)

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained BEFORE THE SURGERY IS PERFORMED. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted include: _____

In the event physicians, other persons named on this form, or parents cannot be contacted, the officials at _____ are hereby
(Name of school, scout program, recreational program, etc.)

authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the _____ financially
(Name of school, scout program, recreational program, etc.)
responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

City, State: _____ Zip code: _____

This form must be signed and notarized. This form is valid until either the child turns 18 years or age (Age of Accountability) or until the parent notifies the hospital in writing that the form is no longer valid.

State of Tennessee, County of _____

Sworn before me this _____ day of _____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

** Please attach a copy of your insurance card.

* Term for "unsuccessful" to be identified and defined by Legal Counsel.

Seal Here