

1817 W. Morris Blvd
Morristown, TN 37813

Hamblen Pediatric Associates, Inc

1405 S Sizer St, Ste E
Jefferson City, TN 37760

PARENTAL CONSENT FOR TREATMENT OF MINOR

I, _____ (parent/guardian), give permission to Hamblen Pediatric Associates to treat my child, _____ (child's name), in the event he/she presents to the clinic alone. I understand that any charges resulting from the visit will be my responsibility. Hamblen Pediatric has my permission to forward pertinent medical information from this visit to my insurance if applicable.

PLEASE CHECK ONE:

_____ This form is valid for one year from date of signature.

_____ This form is valid for the following dates: _____ to _____.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____