



AUTHORIZATION FOR TREATMENT OF A MINOR

DATE: _____

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Tennessee physician should his/her condition so require it in my absence. I understand that in such case, reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow: (If none, so state)

This authorization is in effect for the following time period:

_____ to _____

PARENTS' SIGNATURES:

DATE:

Mother's Signature: _____

Father's Signature: _____

*Notary Public: _____

*This **must be notarized** for the hospital to use.

Parents' Names (please print)

Street

City State Zip Phone Number

