

**PARENTAL AUTHORIZATION FOR
TREATMENT OF A MINOR CHILD**

I, _____, am the parent or legal guardian
(please print)
having custody of _____, a minor child. As such
(please print)
parent or legal guardian, I hereby authorize and appoint
_____, and adult in whose care the minor
(please print)
child has been entrusted, as my agent(s) to act for me with respect to my
minor child, _____, concerning my minor
(please print)
child's personal care, medical treatment or procedure, including x-ray
medical or surgical treatment which may be rendered to my monor child
under the general or special supervision and on the advice of any physician
or surgeon licensed to practice in the stae in which treatment is sought. My
agent(s) _____, shall have the same access
disclose the contents to others.

Partent/Guardian: _____

Date: _____

State of: Tennessee
County of: Cocke

This Parental Authorization for Treatment of a Minor Child sworn to and
subscribed before me by _____, the parent or
legal guardian of _____, a minor child, this _____
Day of _____, 20_____.

SEAL

Notary Public: _____
My commission expires: _____