

Knoxville Pediatric Associates, P.C.
FOOTHILLS PEDIATRIC CENTER
232 Associates Blvd.
Alcoa, TN 37701
(865) 982-7396

PERMISSION FOR MEDICAL TREATMENT

Child(ren)'s Name: _____ DOB: _____

The following people are authorized to seek medical treatment for my child(ren) in my absence:

_____ Name	_____ Relationship
_____ Name	_____ Relationship
_____ Name	_____ Relationship
_____ Name	_____ Relationship

Below are the numbers you may call me for any other medical information:

Work _____ Cell _____

Guardian Name (print) _____ Gaurdian Signature _____

****Children under 18 years of age will NOT be seen without a guardian or person authorized by guardian.****