

SODDY DAISY PEDIATRICS  
9089 DAYTON PIKE SODDY DAISY, TN 37379  
PHONE 423-451-0623 FAX 423-451-0624

**CONSENT TO TREATMENT OF A MINOR WHEN PARENT/GUARDIANS  
ARE TEMPORARILY UNAVAILABLE**

The undersigned parent or legal guardian of \_\_\_\_\_ DOB: \_\_\_\_\_  
(child's name) (child's birth date)

authorizes the person(s) listed below to consent to treatment of the child, including, but not limited to, emergency, x-ray, anesthetic, surgical services, medical or billing information, pick up prescription(s) when I am not immediately available in person, or by a telephone call to \_\_\_\_\_.  
(phone number)

It is understood that this consent is given in advance of any specific diagnosis or treatment and allows the physician/provider to diagnose and treat the child even when the parent or guardian is not present.

**1. Person(s) who may bring your child to the office to be seen (please print):**

The doctor will not discuss any other health conditions with this person

Name of Person	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Person(s) who may have complete access to my child's health information (please print):**

The doctor will discuss all/any health problems with this person including all test results

Name of Person	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

We ask that if you have any changes in this request, that you please inform the receptionist. I understand that Soddy Daisy Pediatrics will ask for identification of the person picking up patient information, prescriptions or products on behalf of you or the patient.

**May we leave appointment information on:**

Home: \_\_\_ Yes \_\_\_ No

Work: \_\_\_ Yes \_\_\_ No

Other: \_\_\_ Yes \_\_\_ No

Name of Parent or Legal Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This consent is effective until withdrawn in writing by the child's parent or legal guardian.