

**Hamblen Pediatric Associates, Inc**

1817 W. Morris Blvd  
Morristown, TN 37813

1405 S. Sizer St, Suite E  
Jefferson City, TN 37760

I, \_\_\_\_\_ (parent/guardian), give permission for  
\_\_\_\_\_ to

Accompany my child \_\_\_\_\_ to Hamblen Pediatric Associates, and to authorize any treatment or procedures deemed medically necessary, and/or to receive information or instructions regarding further care and/or treatment. I understand that any charges resulting from this 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 valid for one year from date of signature

\_\_\_\_\_ This form valid for the following dates: \_\_\_\_\_ to \_\_\_\_\_.

**Parent/Guardian**

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

**Parent/Guardian Name Printed:** \_\_\_\_\_

**Non Parent Signature:** \_\_\_\_\_

**Non Parent Name Printed:** \_\_\_\_\_