



# Parental/Guardian Authorization for Treatment of Minors

I authorize the provision of medical or hospital care deemed necessary for:

Patient Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First MI  
Address \_\_\_\_\_ City/St. \_\_\_\_\_ Zip \_\_\_\_\_  
Street # Street Name Unit/Apt#  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ \* Male / Female \*

\*\*The undersigned hereby authorizes and grants permission to: \_\_\_\_\_  
to act in my place during my minor child’s visit to Middle Tennessee Ear, Nose & Throat. This  
authorization is in effect commencing \_\_\_\_\_ and ending on \_\_\_\_\_

\*\* The undersigned hereby authorizes and grants permission to: \_\_\_\_\_  
to sign in my place during my minor child’s visit to Middle Tennessee Ear, Nose & Throat, giving  
authorization to file my health insurance for my minor child’s visit,

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Must provide picture ID and valid insurance card – front & back.**

\*\*I do hereby indemnify and hold harmless the physician, facility and other persons who act in  
reliance upon this authorization.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian  
X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Witness

### INFORMATION:

Parent/Guardian can be located at the following address/phone number: \_\_\_\_\_  
Address

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_