



DIAGNOSIS | TREATMENT | SUPPORT  
for Children with Special Needs - Since 1950

## Medical Records / Patient Visit Approval Authorization Form

### Permission to bring child to appointments:

I \_\_\_\_\_ as the legal parent/guardian of \_\_\_\_\_ authorize the following people in addition to legal parent/guardian to bring the above named child to any and all appointments at the Siskin Children's Institute - Nashville, TN.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Name	Relationship to patient	Phone Number

### Permission to give information about this child to others:

I \_\_\_\_\_ as the legal parent/guardian authorize the Siskin Children's Institute - Nashville, TN to discuss above named child's medical information with the following people in addition to other legal guardians.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Name	Relationship to patient	Phone Number

This authorization will be valid until the legal parent/guardian requests a change in writing and / or the patient is no longer being treated / evaluated at the Siskin Children's Institute - Nashville, TN This form covers Medical Services, Behavioral Services, and Therapy services provided at the Siskin Children's Institute - Nashville, TN.

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date

**Siskin Children's Institute - Nashville, TN**

2201 Murphy Ave., Nashville TN 37203

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