siskin children's institute CENTER FOR DEVELOPMENTAL PEDIATRICS

A pediatric practice affiliated with The University of Tennessee College of Medicine Chattanooga, Department of Pediatrics and with Children's Hospital at Erlanger.

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 Center for Developmental Pediatrics.

Name	Relationship to patient	Phone Number

Permission to give information about this child to others:

I _____ as the legal parent/guardian authorize the Siskin Center for Developmental Pediatrics 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 Center for Developmental Pediatrics. This form covers Medical Services, Behavioral Services, and Therapy services provided at the Siskin Center for Developmental Pediatrics.

_____ _____
Guardian Name Date

_____ _____
Staff Witness Date

Siskin Children's Institute - Center for Developmental Pediatrics
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