140 Newcomb Ave Mt. Vernon, KY 40456
Phone: 606-256-4148

Permission to Communicate Health Information AND Consent for Accompaniment to Medical Appointments

Patient Name: _____ DOB: _____

Phone Number: _____

Are there any individuals we can discuss your child's care with? If YES, please list them below. ☐ Yes ☐ No

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Are there any individuals you would like to give permission to bring your child to their appointment? ☐ Yes ☐ No

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

_____ _____
Parent/Guardian Signature Date

_____ _____
Witness Time