



2121 North Ocoee Street, Suite 101

Cleveland, Tennessee 37311

Phone: (423) 472-6548 Fax: (423) 472-8318

CONSENT TO TREAT MINOR

I give consent for my minor child, _____,
to be treated by any provider in the office of Paul Grayson Smith, JR., D.O., P.C. without me present. I
give authorization for Dr. Smith's office to provide treatment as deemed necessary for the benefit of my
child.

Child's Name (Print)

Parent's Name (Print)

Parent's Signature

Date

Witness from Office

Date