

**Permission to Treat Statement**

In the event of an emergency or in my absence  
James S. Bluhm, M.D., Mari Kay Evans-Smith, M.D.,  
Laura L. Dahl, M.D., Elizabeth A. Carr, M.D., Pilar H. Buerk, M.D.,  
Jennifer J. Siebold, C.P.N.P., Jay S. Rosenbloom, M.D., Bruce J. Birk, M.D.,  
Albert E. Chaffin, M.D., Whitney N. Casares, M.D., M. Allison Moorman, M.D.,  
Scott S. Spencer, M.D., and Peter N.T. Reed, M.D.  
have permission to treat my child/children.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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