



Ty T. Webb, MD **Stephen D. Clark, MD**
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PERMISSION FORM

DATE: _____

PLEASE INDICATE if this authorization is for:

____ Current Visit Only

____ Continuous Care

TO: Cumberland Family Care

I give _____ my permission to bring _____
to the doctor's office.

If you need to reach a parent/guardian please call _____.

Parent/Guardian's Signature: _____ Date: _____

Witness Signature: _____ Date: _____