

Parent/Guardian Authorization for Minorâ€™s Injury Information Release

Minorâ€™s Full Name

Date of Birth

MM/DD/YYYY

I, the undersigned parent or legal guardian of the above-named minor, hereby authorize the release of injury information related to my child to the individuals or organizations listed below, as necessary for the purpose of medical care, insurance claims, or relevant administrative procedures.

Information to be Released

Recipient(s) of Information

Purpose of Release

Parent/Guardian Name

Relationship to Minor

Signature of Parent/Guardian

Date

This authorization is valid until revoked in writing by the parent or legal guardian.
A copy of this authorization is as valid as the original.