



Healthy Children, Healthy Communities

LUFKIN • WOODVILLE • JASPER • RUSK

MEDICAL INFORMATION RELEASE FORM

I, _____, the legal guardian of _____, give The Children's Clinic permission to release lab results, x-ray results, or other pertinent information, not including medical records, to the parties listed below. I understand that The Children's Clinic will not release medical information, even verbally, to anyone not named on this form.

Signed _____ Date _____

(Please check all that apply.)

- Anyone who answers the telephone at my home.
- My answering machine or voice mail.
- Any member of the child's family.
- Only the child's legal guardian.
- Other (please specify by name)

