



Sandwich Recreation Department
Super Fun Summer Program
2019

Release of Confidential
 Information

Child's Name: _____ D.O.B. _____

I, _____ of _____
Name of Parent/Guardian Address

hereby authorize Sandwich Recreation to exchange, obtain, and/or disclose information that is contained in the medical record of my child, _____. This information will be kept on file for the child's attendance in the 2019 Sandwich Recreation Summer Super Fun Program at Oak Crest Cove. The purpose of releasing this information is to have current, accurate medical records for this child.

I understand that this information will be shared among persons involved in the supervision of the Summer Super Fun Program at Oak Crest Cove.

This consent may be revoked by me at any time except to the extent that action has been taken to comply with it. Without my express revocation, this consent will automatically expire in 12 months.

Parent/Guardian Date

Sign & Date on the above line as consent to this release. For electronic form submission, typing your FULL NAME represents your electronic signature.