

Release of Medical Information

Date: _____

To: **The International School At Mesa Del Sol**

Patients Name: _____

Date of Birth: _____

Other Identifying Information:

I hereby authorize (students physician): _____ **to release**
such information as may be necessary for medical attention.

X

Patient's Signature

**Authorization must be signed by patient or nearest relative or guardian in case of
minor, or when the patient is physically or mentally incompetent.**

X

Relative or Guardian's Signature