Informed Consent
Release of Information

I, _____, give permission to Mountain
(Name of Parent/Guardian)
Pediatrics to give and release information to the following people and/or business for my child_____, Date of birth: _____:
(Child's Name)

I would like information released to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signed: _____ Date: _____

Primary, Elementary, Middle School and High School consent forms will be effective from the date legal guardian signs this form. In the event your child changes school systems or legal guardian changes this consent form will become null and void and you will be required to complete a new consent form. Per our office policy medical records request cannot be granted without signed permission from legal guardian.

Thanks