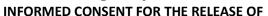


VI Fire and Emergency Medical Services





MEDICAL RECORDS / MEDICAL INFORMATION

1. Photocopies of the following medical record(s) information contained herein including

	(Medical Record Information)		
	Patient's Name:		Date of Birth:
	Incident Date:		PRID #:
2.	Medical information to	be disclosed and /or pho	otocopies include:
			CAD/Trip No.
3.	The above information	is released for the follow	ving purpose and that purpose only.
	Any use is prohibited w representative.	rithout the specific writte	en consent of the patient or an authorized le
	Continuity of Med	lical Care	Adoption
	Personal Use		Rehabilitation
	Attorney Use/Poli	ice Investigation	Hospital Transfer
	Financial Resource	es	Child / Adult Protective Services
	Nursing Home Pla Other	cement	Certification of Hospitalization
4.	This verifies I have receive	ved the documents requ	ested
	Date:	Time:	am / pm
	Signature of Daron	t or Legal Representativ	e Position/Title

INFORMED CONSENT FOR THE RELEASE OF MEDICAL RECORDS / MEDICAL INFORMATION

Witness (Employee Acceptable)