

# Doctors for Kids, PLC

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## Medical Information Release and Emergency Care

Patient Name: \_\_\_\_\_

### Medical Information Release

I authorize Doctors for Kids, PLC to release any medical information to the following people:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### Emergency Care

I authorize Doctors for Kids, PLC to treat my child when s/he is brought in by the following people:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date