



Healthy Children, Healthy Communities

MEDICAL INFORMATION RELEASE FORM

I, _____, the legal guardian of
(Print your name)

_____, give Angelina Pediatrics, PLLC permission to
(Print your child's name)

release lab results, x-ray results, or other pertinent information, not including medical records, to the parties listed below. I understand that Angelina Pediatrics, PLLC will not release medical information, even verbally, to anyone not named on this form.

Signed: _____ Date: _____

Please check all that apply:

- Anyone who answers the phone at my home.
- My answering machine or cell phone voice mail.
- Any member of the child's family.
- Only the child's parent or legal guardian.
- Other (please specify by name). _____
