**GI For Kids Pediatric Gastroenterology and Nutrition Services**



**Excellent Care Every Time**

**2100 Clinch Avenue Suite 510 ∙ Knoxville, TN 37916**

**Phone (865) 546-3998 ∙ Fax (865) 546-1123 ∙**[**www.giforkids.com**](http://www.giforkids.com)

**Release of Medical Information to School**

**2018/2019**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Parent / Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Patient Name and Date of Birth)

Authorize GI for Kids, PLLC to:

* Communicate medical information regarding this patient with representatives from this patient’s school.
* **RELEASE** copies of this patient’s medical record **TO** this patient’s school.

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_