**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

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 and **RELEASE** copies of this patient’s medical record tothis patient’s school:

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

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

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

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

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

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

This medical release will expire one (1) year from date signed