



THE BOYS & GIRLS CLUB
OF BARSTOW

General Release of Medical Information

Please Note: This is an optional form. As part of our licensing requirements we are required to obtain copies of your child's immunization records. This release can be used to aid us in the collection of that information.

I _____ as parent/guardian for _____ hereby grant my consent for _____ to release medical information to The Boys and Girls Club of Barstow.

It is my understanding that the staff at The Boys and Girls Club use of this information is for the express purpose of maintaining their files as a State Licensed Facility.

I also understand that this information is still confidential and shall not be made available outside the Boys and Girls Club.

I understand this release may be withdrawn on my part through written notice to both the Boys and Girls Club of Barstow and my child's doctor's office at any time.

Parent/Guardian Signature

Date