



MEDICAL RELEASE FORM FOR MINOR

This document hereby acknowledges that the undersigned, _____
residing at _____

is of legal age, and does hereby swear and affirm that the following is true and accurate, to the best of his/her knowledge,

That I, _____ can state in truth that:

1. I have sole legal custody of and/or sole legal decision making responsibility for the minor child name:

2. There is no other person or persons who have legal custody or decision making responsibility for the above named minor child, whatsoever.
3. I am of sound mind.
4. I have not been coached or coerced in any way concerning this testimony.

Patient Acknowledgement:

I, _____ (print name) certify that all the information contained in this document is true, correct and complete and made in good faith.

Signature of Patient/Legal Representative		
Signature	Date	Relationship to the Patient