

# Release of Medical Information form

The Release of Medical Information form is to be filled out and sent by parent(s)/guardians to the child's physician

Physician's Name \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Child's Name: \_\_\_\_\_

Present Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Date of Birth \_\_\_\_\_

An application for enrolment has been made on behalf of the child named above for Tamarack Foundation, Camp Tamarack, a summer camp for learning disabled children and teens.

This form authorizes you to provide the Tamarack Foundation with the information they request on the attached medical information form, plus any other information that will assist them in developing a comprehensive understanding of our child in order that their committee may make a decision concerning the appropriateness of their services for our child.

IT IS CRITICAL FOR THE INTAKE COMMITTEE AND STAFF TO HAVE AS COMPREHENSIVE INFORMATION AS POSSIBLE, PARTICULARLY CONCERNING MEDICAL ASSESSMENTS AND PRESENT OR PAST ILLNESSES SUCH AS MENINGITIS, CEREBRAL PALSY, EPILEPSY, SENSORY DEFICITS OR OTHER CHRONIC OR PROGRESSIVE DISEASES.

This complete report should be forwarded as soon as possible directly to

Tamarack Foundation

P.O. Box 9677

Saskatoon, Sask.

S7K 7G5

Thank you for your assistance

\_\_\_\_\_  
signature of parent/guardian