



## RELEASE OF INFORMATION

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

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

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

I give the following individuals or groups (such as school systems, preschools, headstarts, family members, or friends) the ability to receive dental information regarding my child.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

I understand this list can be updated at anytime upon my request.