



Young Adult Release & Consent Form

I, _____, born _____, give Kids Plus Pediatrics permission to discuss the following information about my health with the following individuals:

1. _____, relationship: _____
2. _____, relationship: _____
3. _____, relationship: _____

Type of Health Care Information	OK TO SHARE Information With	NOT OK TO SHARE Information With
Anything & Everything About My Health Care		
Routine Care (Appointments, Strep Tests, Flu Results, etc.) Not Related to Categories Below		
Mental Health & Care		
Drugs / Alcohol		
Sexual Orientation		
Sexual Health		
Sexually Transmitted Infections		
Birth Control		
Pregnancy		

Patient Signature

Date

Patient Phone #

Kids Plus Witness

Date

Patient Email Address