



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: _____
4. _____, relationship: _____

Type of Health Care Information	OK to Share Information With	NOT OK to Share Information With
Anything & everything about my health & health care		
Related to my mental health		
Related to drugs or alcohol		
Related to my sexual health		
About birth control		
About sexually transmitted infections		
About pregnancy		
About my sexual orientation		

Signature

Date