

CONSENT FOR RELEASE OF INFORMATION

List any professionals who may have worked with the Participant and/or family and sign the release form so we may communicate with them. If the Participant has attended a treatment center, hospital, or other program, include this information. Attach a separate sheet for additional listings if necessary.

Psychologists, Medical Doctors, Educational Counselors or Therapists:

Name

Nature _____ of _____ Service

Address

Telephone (____) _____ Dates From – To

Name

Nature _____ of _____ Service

Address

Telephone (____) _____ Dates From – To

Boarding Schools, Foster Homes, Hospitals, Treatment Centers or Other Inpatient Programs:

Program _____ Attended

Address

Telephone (____) _____ Dates From – To

Program Attended

Address

Telephone (____) _____ Dates From – To

CONSENT FOR RELEASE OF INFORMATION TO MOUNTAIN MEADOW YOUTH RANCH.

We, the Undersigned, hereby authorize psychologists, medical doctors, counselors, therapists, hospitals, treatment programs or others who have counseled or treated _____ to release any and all information regarding medical or therapeutic history, diagnosis, and treatment to the staff of Mountain Meadow Youth Ranch.

Parent/Guardian Signature Date Parent/Guardian Signature Date

CONSENT TO RELEASE INFORMATION

I hereby authorize the staff of **Mountain Meadow Youth Ranch** to release information regarding the progress of _____ to the following professionals or programs:

Name

Address

Telephone (____) _____ Relationship to Participant

Name

Address

Telephone (____) _____ Relationship to Participant

Name

Address

Telephone (____) _____ Relationship to Participant

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Participant Signature (If 18 years of age or over)

Date