iACTcenter

Release of Information Authorization Template for Minor

I_____

Coaching client's name

As a result of this, authorize (Coaches Name)
To release the following:
Information that would serve in the best interests of my son/daughter_____,
with regards to the work he/she has been doing with ADHD Coach Specialist (Coaches name),

To:

_____

Medical Doctor

Medical Provider address: _____
Medical Provider phone: _____

Print your name: _____Date: _____
Signature: _____

If this form is not signed by the client, indicate your relationship to the client:

☐ Parent or guardian of minor
☐ Guardian or conservator of an incompetent client
☐ Beneficiary or person representative of client
☐Spouse of person financially responsible