Superstition Fire & Medical District
Serving the Communities of Apache Junction and Gold Canyon since 1955

Phone | (480) 982-4440 *Website | sfmd.az.gov*

Release Form for Minor Child Medical Records

I, _____, the parent or legal guardian of _____, do hereby authorize the Superstition Fire & Medical District to release to/send to _____ any reports or records concerning medical care or procedures rendered to my minor child on _____.
Date(s) of Service

Signed: _____ Date: _____

State of _____)
) SS.
County of _____)

Subscribed and sworn before me this _____ day of _____, 20_____, by _____.

_____
Notary Public

For SFMD Office Use:

Incident Number(s): _____

Processed by: _____ Date Processed: _____