

**PERMISSION TO TREAT/
RELEASE OF INFORMATION**

I, _____ do hereby authorize *First Responders, Inc* to perform the necessary and appropriate treatment and care within the guidelines of the nursing scope of practice and the accepted protocols and standards of care for the injury/illness I or this minor for which I am the legal guardian. I further authorize *First Responders, Inc* for the release information about myself and/or my injury/illness to the hosts of the event I am attending. I acknowledge that such information may contain personal demographic information collected by *First Responders, Inc.*, and/or information related to the illness/injury I sustained while in attendance of an event at _____, as well as information regarding any treatment that was afforded to me by the staff of *First Responders, Inc.* Further, *First Responders, Inc.* is released and discharged from any liability, and the undersigned will hold *First Responders, Inc.* harmless for complying with this "Release of Information." This authorization expires 60 days from the below date and covers only treatment rendered by *First Responders, Inc.*

Patient or legally authorized representative

Relationship to patient

First Responders, Inc. Staff

Date