



Kent County

Department of Public Safety

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, as the patient,
date of birth of _____ and Social Security Number of
_____ hereby request the release of a copy of the Kent
County Paramedic Report dated _____, resulting from a
response by paramedics from the Kent County Department of Public
Safety.

The patient care report may be released to _____

Incident Location: _____

Date of Response: _____ Approximate Time of Response: _____

My signature verifies that I have legal authority to obtain the
aforementioned patient's confidential medical records. Additionally, a copy
of this authorization shall be considered as true and valid as the original.

Requestor's Signature

Relation to Patient / Requestor Date of Birth

Notary Public

Commission Expires: _____

Date: _____