

**Green Mountain Pediatrics**  
**255 Union Blvd, Ste 120**  
**Lakewood, CO 80228**  
Telephone: 303 936-7415  
Fax: 303 936-2177

**I hereby authorize the release of my complete medical and immunizations records of the following children:**

<b>Names</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Release From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**