Unionville Children's Clinic
Caring for Kids

3601 Highway 7 East, Suite 601, Markham ON, L3R 0M3
Phone 905-940-0112 || Fax 905-940-9271

Consent to the Release of Information

RE:

Patient's full name (First and Last):
Health card #:
Date of birth:
Address:
Contact #:

This is to identify that I, _____, consent to the disclosure of the following information _____
_____.
This information is to be released by _____
and is to be provided only to _____.

Patient/Parent/Guardian (*print*) _____

Patient/Parent/Guardian (*signature*) _____

Date: _____

Please provide prior physicians information:

Clinic name/Physician name:
Phone number:
Fax number: