

Marshall County Health Department  
600 Broadway  
Marysville, KS 66508  
Fax: 785-562-9984

Release of Information

I authorize the release of the following health information, medical and or social, of  
(name and date of birth) \_\_\_\_\_ from  
the Marshall County Health Department to the following person or entity. I also allow  
the following health information, medical and or social, to be released to the Marshall  
County Health Department.

\_\_\_\_\_  
Name/Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Fax #

I authorize the release of the following health information:

Kan Be Healthy Records

Immunizations

Physical Exam Records

WIC Records

Family Planning Records

Obstetrical Records

Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (parent/guardian for a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date