

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
 Physical Exam Records
 Family Planning Records
 Other _____

Immunizations
 WIC Records
 Obstetrical Records

Signature (parent/guardian for a minor)

Date

Printed name

Witness

Date