



PROJECT LIFESAVER RELEASE OF INFORMATION

Client Last Name	First Name	Middle Initial	Date of Birth	Client ID
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1. Project Lifesaver of Morgan County has my permission to share or discuss the information checked below with:

Other Search & Rescue agencies involved with Project Lifesaver.

Other Project Lifesaver agencies in jurisdictions that client may travel to for recreational or family purposes.

2. Initial items covered by this release.

Entire Client Profile Medication Information Medical History and Physical Description
 Other (specify) _____

3. Reason this information is being shared: To assist Sponsoring agency or assisting agencies in searching for a Project Lifesaver Client

4. This authorization is valid (*Check only one*)

Until the Client is no longer a participant in the Project Lifesaver Program. For 90 days

Until _____ (date) Until these conditions are met: _____

5. I understand I can revoke (withdraw) this authorization at any time by submitting a request in writing to the Project Lifesaver of Morgan County. The revocation will become effective on the date it is received by the Project Lifesaver of Morgan County and does not apply to information that has already been used or disclosed through this authorization by Project Lifesaver of Morgan County. I understand that if the persons or organizations I authorize to receive and/or use the client's information are not subject to federal or State privacy laws, this information may no longer be protected and could be disclosed. Authorization of service will not be denied based refusal of information release.

Signature of parent, guardian, or other authorized person

Date

Please describe the authority to act on behalf of the client (*Please Print*) _____

Signature of Project Lifesaver / Morgan County

Date