MKSA
Early Start - Bright Future

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718-631-1110 718-631-1314 fax
www.mksallc.com

Consent to Obtain/Release Medical Information

Child's Name: _____ DOB: _____

A health status and immunization report must be included with your child's Multi-Disciplinary Evaluation (MDE). For MKSA to obtain these records, your consent must be given.

I give consent for the evaluation department at MKSA to obtain my child's current health records and/or prescription from the pediatrician below in order to complete the evaluation and to provide ongoing services if needed.

Pediatrician's Name: _____

Practice Name: _____

Address: _____

Phone: _____ Fax: _____

Please initial:

____I would like a copy of my child's evaluation summary sent to the above pediatrician. *(optional)*

Parent/Guardian Signature: _____ Date: _____

This form can be faxed to 516-577-9609 or emailed to evaluations@mksallc.com.