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**Consent to Release Information**

I, \_\_\_\_\_, consent to release information regarding the nutrition care of \_\_\_\_\_ as well as any other relevant information **to or from** the following individual(s):

**Contact Information:**  
Name: \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**  
Name: \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent to sign if minor)