



Shawnee Mission Pediatrics

An Affiliate of Children's Mercy

7450 Kessler St, Suite 105

Merriam, KS 66204

18 year and over Medical Information Consent Form

I _____, have reached the legal adult age of 18.

My date of birth is ___/___/____. You may contact me at (____)_____.

Regarding my personal medical records:

[] I give permission for any medical information to be released to the following:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

[] I wish for all communication about my medical information to go through me only.

Signature _____

Date _____