



## Medical Release Form

Name of Caregiver: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

In order to provide high quality care, the staff at the Virginia Tech Adult Day Care Center requires detailed medical information about each participant. We need your permission for doctors to release confidential medical information to us. If you would like the Virginia Tech Adult Day Care Center to have access to medical information, please sign on the line below. A copy of this form will be sent to doctors in order to access medical information.

\_\_\_\_\_  
Participant/Caregiver Signature

\_\_\_\_\_  
Date