



GATES COUNTY RESCUE SQUAD, INC

16 US Hwy 158 East – Gatesville, NC 27938 -- Phone# (252)357-0388 / Fax# (252)357-0141
www.gatesrescue.org **501(c)(3) Non-profit charitable organization**

Release of Medical Records Form (Legal Guardian Requesting a Patient Record)

INSTRUCTIONS:

1. This form is to be used ONLY by a legal guardian requesting a copy of a report for care the patient that they are the guardian of received from Gates County Rescue & EMS. If this does not apply to you, please return to our website to find the appropriate information and instructions.
2. ALL indicated information and required documentation must be submitted along with this form in order to obtain the record.

Guardian Information (Person making request):

My name is: _____

My mailing address is: _____

Phone #: _____

Patient Information:

Patients Name: _____

DOB: _____, SSN: _____

Incident Information:

Incident Date(s): _____

Incident Location (street address, intersection, etc.): _____

REMEMBER TO ENCLOSE THE FOLLOWING:

Copy of my driver's license or other equivalent photo ID & proof of Legal Guardianship if not a parent of the patient.

I affirm that I am the legal parent of the named minor patient and that I am requesting a medical report for care that he/she has received from Gates County Rescue & EMS. I also affirm that my authority to consent to health care for the patient has not been specifically limited by a court order or a valid separation agreement, that I know of no reason why I should not receive a copy of this record, and that the information and documents presented are valid and true.

Signature

Date

Please send this signed and dated form, a copy of your driver's license or equivalent photo ID, to:

**Gates County Rescue & EMS
016 Hwy 158 East
Gatesville, NC 27938**

If you have any questions please contact our Records Department at (252)357-0388.