



POLICE DEPARTMENT DISCLOSURE FORM

This referral is a recommendation for a child who has had a fire related incident in our community. We encourage the child and parent/ legal guardian to participate in the Straight Talk Fire Safety Education Program held at the Hurley Medical Center.

POLICE DEPARTMENT CONTACT INFORMATION

Police Department Personnel: _____
Police Department Name: _____
Address: _____
City: _____
Phone: _____
Fax: _____

HOSPITAL CONTACT INFORMATION

Straight Talk Program Coordinator: _____
Hospital Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____
Fax: _____

DISCLOSURE AUTHORIZATION

I, _____ (Parent/Legal Guardian) hereby authorize said named Police Department _____, its director or designee, to release information to the above named hospital and Straight Talk Program Coordinator regarding said named child _____. The intent and nature of this information will concern my child's attendance, progress, services received and recommendations for additional services when deemed necessary. The purpose of this disclosure is to allow the above named agencies and persons to exchange information.

Signature of Parent/Legal Guardian

Date

Signature of Police Department Personnel

Date