



**Dragonfly Pediatric Therapy, Inc.**  
**13003 Camden Circle SE**  
**Huntsville, Alabama 35803**  
**Phone: 256-797-6001**

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## **Release of Information Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gaurdian(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone Numbers: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

**I.** I hereby authorize any physician, clinic, hospital, institution, or school to release medical and psychological information regarding my child, \_\_\_\_\_ to Dragonfly Pediatric Therapy, Inc. I understand that this information is to be used for professional purposes only and that it will be regarded as confidential. I also authorize Dragonfly Pediatric Therapy, Inc. to contact any persons or institutions to obtain any additional information regarding my child, when necessary.

Signed: \_\_\_\_\_  
(Gaurdian)

**II.** I herby authorize Dragonfly Pediatric Therapy, Inc. to release therapy reports regarding my child, \_\_\_\_\_, to my child's physician, and any clinic, hospital, institution, insurance company, school, and/or other: \_\_\_\_\_.

Signed: \_\_\_\_\_  
(Gaurdian)