Royal Children's Hospital, Melbourne



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## Permission to provide information

I give my permission for medical or other information to be provided as detailed below.

## The information is about me / my child:

Label or write patient details

The information is to be provided by\_\_\_\_\_

The information is to be provided to\_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Status \_\_\_\_\_