Request for Patient Care Report Parent of a Minor Child

INSTRUCTIONS:



- 1. **This form is for use ONLY by the parent of a minor child.** If this does not apply to you, please return to <u>www.singerly.com/firerecords</u> to find the appropriate information and instructions.
- 2. <u>ALL</u> indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.
- 3. This form must be notarized **

Parent (person making request for record)

| My name is: | | |
|---|----------------|--|
| My mailing address is: | | |
| Day Phone: | Evening Phone | |
| Patient Information | | |
| Patient's Name: | | |
| Incident Information | | |
| Incident Date: | Incident Time: | |
| Incident Location (street address, intersection, etc.): | | |
| Remember to enclose the following | | |

- \Box Copy of driver's license or other equivalent photo I.D.
- Check of money order in the amount of **\$75.00** payable to "**Singerly Fire Company**"

I affirm that I am the legal parent of the named minor patient. 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 | |
|---|---------------|----------------|--|
| State of | County of | | |
| On this day of 20 before me the undersigned notary public personally appeared personally known or provided to me through satisfactory evidence of identification to be the person(s) whose name(s) is/are signed on the preceding or attached document and acknowledge to me that he/she/they signed it voluntarily for its stated purpose. | | | |
| Signature of Notary | My Commission | Expires (SEAL) | |

Please send this signed and dated form, a copy of your driver's license or equivalent photo I.D., and your check or money order to:

Singerly Fire Company Attention: Assistant Chief for EMS PO Box 444 Elkton, MD 21922-0444

To allow for processing time, no walk-in requests will be accepted.

If you have any questions, please contact the Assistant Chief for EMS at 410-398-2078 Ext. 248.