



CONSENT TO RELEASE INFORMATION FOR MINORS FOR TEEN SUMMER CAMP

To assist in determining if the applicant is eligible for training at Leader Dogs for the Blind and to further protect the health and welfare of the applicant, information from professional personnel who have worked with the applicant in other types of educational or rehabilitation programs may be useful. With this understanding in mind, I hereby give my consent and authorization, without reservation to the keeper of my medical, educational or vocational records, to provide and deliver copies thereof to Leader Dogs for the Blind, upon written request.

I further authorize Leader Dogs for the Blind to release, in a medical emergency or otherwise with a signed release from myself, transmit and otherwise disseminate any and all such records and information to all persons of institutions that may request the same or to which Leader Dogs for the Blind shall in its sole discretion determine to be in the best interest of the applicant. I agree to hold Leader Dogs for the Blind harmless from any and all claims of whatsoever kind or

nature that may accrue or attach as a result of the sharing of such information with any third party.

Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____

Applicant Signature: _____

Parent/Guardian Signature: _____

Date: _____