



Community Foundation for San Benito County

829 San Benito Street, Ste. 200
Hollister, CA 95023
(831) 630-1924, Fax (831) 630-1934, givesanbenito.org

The Martin Rajkovich Children's Fund Authorization to Release Confidential Medication Information

Email completed form to: ttaggart@givesanbenito.org or mail to the Community Foundation

In order to receive a grant or special services from the Martin Rajkovich Children's Fund, the child's medical condition must be verified through the child's primary physician. It may also be necessary to collaborate with other healthcare professionals when providing a special gift of service. Your signature below gives the Community Foundation permission to contact, as well as receive, information from the child's healthcare provider or any collaborating healthcare service provider.

If your family receives Non-Medical Financial Assistance through this fund, we may need to provide the company receiving payment with necessary medical information. Your signature below gives the Community Foundation for San Benito County permission to release this information.

This Authorization permits the release of the following information as needed:

Medical diagnosis	Treatment plan
Summary of treatment	Summary of condition and physical challenges
Personal contact information	Name of primary care physician
Other relevant information	Name of medical specialists

I, _____ authorize the Community Foundation of San Benito County to obtain medical information pertaining to _____.

I understand that I have a right to receive a copy of this Authorization. I also understand that any cancellation or modification of this Authorization must be in writing.

This Authorization shall remain valid until:

Your Name:

Signature:

Date:

Address:

Phone:

Email:

Child's Name:

Child's Age:

This authorization was given verbally to (please print)
in a phone call on (date).

Staff Signature

Title