



Release of Information Waiver

I, _____, parent/guardian of _____,
give permission for immunization records, Proof of Physical Exam Letters, camp forms and school forms to
be faxed/mailed to school/camp upon request. This permission is granted until otherwise
stated/documented.

Patient's Date of Birth _____

Date

Signature

Please return this form by:

- Dropping it off at our office.
- Using the secure upload option on our website: www.intermed.com/contact/secure-file-upload/
- Faxing to (207) 523-8596

Please allow 3 working days for processing.