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Updated 11/7/2013

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If person is a minor, signature of parent or guardian is required instead, and indicates that the parent / guardian consents and authorizes the use of the individual's health information:

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Updated 11/7/2013