



**AUTHORIZATION TO RELEASE INFORMATION  
(COVID-19)**

I, \_\_\_\_\_, do hereby  
authorize and give consent to Paladin for \_\_\_\_\_  
to administer a complete COVID-19 vaccination for  
\_\_\_\_\_  
(Participant Name)

For the purpose of: **Health Care**

I understand that this statement of consent may be revoked by me in handwriting at any time except when mailing of the disclosure is underway.

This agreement will be in effect until \_\_\_\_\_.

\_\_\_\_\_  
Participant Receiving Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advocate (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian (If Applicable)

\_\_\_\_\_  
Date