

Consent for Verification and Release of Medical and Insurance Records

Please complete this form by **downloading** and **printing** this consent PDF document. After you have filled it out, please scan or take a photo of the signed release, then text or email it to **Jadynfred@outlook.com** or **(406)202-1422**.

Without signed consent, the Jadyn Fred Foundation cannot contact your hospital to verify upcoming appointments and we cannot vote to support.

Verification of Information

I, _____, parent and/or legal guardian (printed name of parent/guardian) of _____ (printed name of child) hereby state that the information I provided to the Jadyn Fred Foundation via the application for assistance is correct and that there are no other undisclosed sources of funding for the expenses for which I am requesting support. In addition, I agree to abide by all guidelines as required by the Jadyn Fred Foundation to receive financial assistance. I understand that failure to do so may result in my inability to obtain funding.

_____ Signature of Parent/Guardian & Date

Release of Medical and Insurance Records

I, _____, authorize the release of all medical and insurance records for my child, _____, to the Jadyn Fred Foundation for the purpose of certification of need. This release expires one year from date of authorization.

_____ Printed name of child

_____ Signature of Parent/Guardian & Date

Consent for Testimonial

The Jadyn Fred Foundation needs testimonials from our recipients to help share our mission. If you are willing to participate in helping us by providing a testimonial for the Jadyn Fred Foundation, please check the box below or share on our website.

Yes, please contact me to provide a testimonial for the JFF.

Best contact phone/email: _____