



# Springfield First Aid Squad, Inc.

10 North Trivett Avenue • Springfield, NJ 07081

## Authorization to Release Records

I hereby authorize you to release to  me or  the individual named below

Name and address of recipient of records: \_\_\_\_\_

\_\_\_\_\_

any information, including the records of any examination, treatment, and/or transportation rendered, pertaining to my care on \_\_\_\_\_ (date) at \_\_\_\_\_ (address).

Signature of patient: \_\_\_\_\_

Date: \_\_\_\_\_

• Do not sign until instructed to do so by a Notary Public.

Printed name of patient: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

If the patient is not signing this release, please attach power of attorney or other documentation detailing your authority to make this request.

## CERTIFICATE OF ACKNOWLEDGMENT

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, personally appeared \_\_\_\_\_, who has satisfactorily identified himself/herself as the signer to the above document, having done so freely and with full understanding.

\_\_\_\_\_  
Notary Public Signature

(Affix Stamp or Seal)

My commission expires on \_\_\_\_\_.

The Springfield First Aid Squad is a non-profit organization dedicated to providing emergency medical treatment & ambulance transportation to those that live, work or just pass through our town. New volunteers are always in need; no prior experience is required as the Squad will provide the training. Donations are equally welcome as, without the community's support, the Squad would not be able to operate.

**In an emergency, always Call 9-1-1**

Non-emergency: 973-908-8EMS or [www.SpringfieldFAS.org](http://www.SpringfieldFAS.org)