

RELEASE OF INFORMATION

BIRTHDAY CONSENT

By signing this form, I acknowledge and give the name of facility permission to disclose birthday information, which may include name and date of birth. This information may be used for internal facility postings and acknowledgment during special events.

_____ I authorize name of facility to disclose my birthday information for recreational activities.

_____ I do not authorize name of facility to disclose my birthday information for recreational activities.

Patient/Resident or Legal Representative Signature

Print Name

Date