STROH HEALTH CARE
CONSULTING CORP.

1215-C 56th Street
PO Box 18006
Delta, BC V4L 2B0
CANADA

Phone: 604.948.4912
T-Free: 1.800.948.4912
Fax: 604.948.4913
Email: stroh@strohhealth.com

Consent to Release Information to a Person or Agency

By signing this form you are giving your consent for Stroh Health Care to share relevant information as it pertains to your participation in the Responsible Driver Program.

I, _____

DL#: _____

Birthdate: _____

give Stroh Health Care permission to provide relevant information as it pertains to my participation in the Responsible Driver Program to

_____

Name of authorized person or agency (translator/helper) and their contact phone number.

I understand that this information will be used to assist in the development of an appropriate program plan. I also agree to allow the above named person/agency to provide relevant information to Stroh Health Care as it pertains to my participation in the Responsible Driver Program.

_____ _____

Client Signature Date

Please mail or fax this document to Stroh Health Care.