



St. John Ambulance

## RELEASE OF ST. JOHN AMBULANCE PATIENT CARE RECORD

To: Provincial Commissioner  
St. John Council for Ontario  
46 Wellesley Street East  
Toronto, Ontario  
M4Y 1G5

Re: \_\_\_\_\_  
(name of patient)  
\_\_\_\_\_  
(date of birth)  
\_\_\_\_\_  
(date and place of incident - please include name of event)

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I do hereby authorize and direct you to release to

\_\_\_\_\_ copies of all  
(name of person/agent/representative Patient Care Record will be released to)  
documents in your possession pertaining to my treatment on the above date, including the Patient  
Care Records. I further release the St. John Council for Ontario, its employees, members and  
agents from any and all actions, causes of action and claims for damages, however arising which  
may be sustained by me as a result of the delivery of any documents in your possession concerning  
me including Patient Care Records.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(town/city) (day of month) (month) (year)

\_\_\_\_\_  
(Witness's signature)

\_\_\_\_\_  
(Patient's signature)

\_\_\_\_\_  
(Witness's name - please print)

\_\_\_\_\_  
(Patient's name - please print)

\_\_\_\_\_  
(Patient's address)

\_\_\_\_\_  
(Patient's phone number)