

**ALS SOCIETY OF PRINCE EDWARD ISLAND INC.**



**CONSENT  
FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_

of \_\_\_\_\_

authorize the ALS Society of Prince Edward Island to carry out necessary inquiries and obtain or release personal information from/to health care providers, equipment suppliers and community agencies for service delivery purposes.

I hereby release the ALS Society of Prince Edward Island for any and all claims whatsoever which may arise as a result of this release of information.

I understand that this consent is valid until revoked in writing, by me (or my legally authorised representative). A photocopy or facsimile shall be as valid as the original.

\_\_\_\_\_  
Signature of Applicant (or *legally* authorised representative)

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of ALS Society of PEI Representative

\_\_\_\_\_  
date

