

**MIDLAND COUNTY HEALTH DEPARTMENT**

**FAMILY PLANNING CLINIC**

**SUPPLY PICK UP PERMISSION**

The following person/s has my permission to pick up my birth control supplies. There is a limit of ONE months supply when another person is picking them up in your place. Please print all information legibly.

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

**PERMISSION TO SCHEDULE APPOINTMENTS AND CALL FOR TEST RESULTS**

The following person/s has my permission to schedule, cancel and/or reschedule appointments in the family planning clinic and to call for test results from the Family Planning Nurse. Please print all information legibly.

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

This release applies only to the Family Planning Clinic and none of the other clinics through the Midland County Health Department. I understand that the above information is good for only one year from the date of signature.

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_