

MEDICAL AUTHORIZATION

This authorizes St. Petersburg Fire Rescue, Rescue Division, and all medical attendants to furnish the full and complete medical file, including, but not limited to, medical reports, EMS Reports, bill for service, correspondence and any other information contained in the file and requested by the patient named below.

Sophia Helena Jongsma
Printed Name of Patient

[Signature]
Signature of Patient or Legal Guardian

851 Brightwaters Blvd NE
Address of Patient St. Petersburg

J 525-420-65-105-0
Drivers License Number of Guardian

1-1-2017
Date of Birth of Patient

10-5-2026
Date

Signature of Person Releasing Information