



**Amarillo
Pediatric
Clinic** PLLC

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RELEASE OF IMMUNIZATION RECORD

You must be a parent or legal guardian for the child whose record you are requesting or of legal age for your own record. Please fill out the information below, sign, date, and return to our clinic staff.

Patient 1		
Name _____		
Last	First	Middle
Date of Birth: _____		

Patient 2		
Name _____		
Last	First	Middle
Date of Birth: _____		

Patient 3		
Name _____		
Last	First	Middle
Date of Birth: _____		

Patient 4		
Name _____		
Last	First	Middle
Date of Birth: _____		

Patient 5		
Name _____		
Last	First	Middle
Date of Birth: _____		

I hereby give permission to AMARILLO PEDIATRIC CLINIC, PLLC as the Parent or Legal Guardian to release a copy of the immunization records for all persons named above.

Signature

Phone Number

Date

Relationship

•Please note not all immunization providers in Texas submit information to ImmTrac, the Statewide Immunization Information System. There is a chance your child's complete record may not be found in APC's clinic records or ImmTrac; the record may have incomplete information.