

CONSENT FOR RELEASE OF MEDICAL INFORMATION BY ALL CHILDREN / SIBLINGS
(FOR PATIENT WHO IS UNABLE TO GIVE CONSENT / DECEASED PATIENT)

Notes:

1. All children / siblings of the patient are to fill up Section 1 of the form, and
2. The appointed representative of the patient's children / siblings is to fill up Section 2 of the form. This serves as consent to release the patient's medical information.

1. DECLARATION FROM ALL CHILDREN / SIBLINGS OF THE PATIENT

We, *the children / siblings of (Patient's Name): _____ of
NRIC No _____ hereby authorize TAN TOCK SENG HOSPITAL to furnish and
release the medical information of the above-mentioned patient. By reason of the aforesaid, we undertake full
responsibility and liability arising from the release of the medical information.

Signature of Patient's Next-of-Kin

Name: _____

NRIC: _____

Relationship: _____

Signature of Patient's Next-of-Kin

Name: _____

NRIC: _____

Relationship: _____

Signature of Patient's Next-of-Kin

Name: _____

NRIC: _____

Relationship: _____

Signature of Patient's Next-of-Kin

Name: _____

NRIC: _____

Relationship: _____

Signature of Patient's Next-of-Kin

Name: _____

NRIC: _____

Relationship: _____

Signature of Patient's Next-of-Kin

Name: _____

NRIC: _____

Relationship: _____

2. REPRESENTATIVE OF ALL CHILDREN / SIBLINGS

I, _____ of NRIC No _____ am appointed by
the above-mentioned *children/ siblings of (Patient's Name): _____ of
NRIC NO: _____ as the representative for the release of the medical information of the
patient. I hereby declare that the above contents are true to the best of my knowledge, information and belief. I
understand that legal action may be taken against me for any false statement(s) made. By reason of the aforesaid, I
undertake full responsibility and liability arising from the release of such medical information of the patient as requested.

Signature of Appointed Representative

Date