State of Illinois
Department of Human Services - IMSHS

# Receipt of Child's Health Records

I certity that I, _____, received health records for my child,
(Name of Parent)
_____ from _____
(Name of Child) (Name of Program)

on _____
(Date)

_____
(Signature of Parent)

**(Complete and have parent sign at the time they are given the child's Health Records.)**

I certify that I, _____, received health records for my child,
(Name of Parent)
_____ from _____
(Name of Child) (Name of Program)

on _____
(Date)

_____
(Signature of Parent)

**(Complete and have parent sign at the time they are given the child's Health Records.)**

I certify that I, _____, received health records for my child,
(Name of Parent)
_____ from _____
(Name of Child) (Name of Program)

on _____
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(Signature of Parent)

**(Complete and have parent sign at the time they are given the child's Health Records.)**