## **RECEIPT OF REFERRAL INFORMATION**

I/We have reviewed and initialed each page of the attached medical and social information for

CHILD'S NAME

\_, born \_\_\_\_\_, from the country of \_\_\_\_\_\_

Please sign and return this form with the attached medical information to AGCI.

By my signature, I confirm that I received and fully understand the attached information.

Adoptive Parent

Date

Adoptive Parent

Date