

<b>Bluestar Medics Solutions</b>		
<b>DATA PROTECTION ACT 1998</b>		
<b>Permission to disclose personal data</b>		
Full Name		
Address		
	Post Code	
Phone No		
Email Address		
Phone No		
Email Address		
I CONSENT TO ANY PERSONAL DATA ABOUT ME BEING DESCLOSED:	YES	NO
IF NO, ONLY THE FOLLOWING DATA MAY DISCLOSED:		
THIS AUTHOROTY TO DISCLOSE PERSONAL DATA UNLIMITED BY TIME?	YES	NO
IF NO, UNTILL WHEN?		
SIGNED		
DATE		