

**RELEASE OF CONFIDENTIAL HIV-RELATED INFORMATION**

I hereby authorize the Norwich Free Academy's Medical Center Supervisor, to release confidential HIV-related information, as defined in Conn. Gen. Stat. § 19a-581, concerning \_\_\_\_\_, to the following personnel:  
(name of protected individual)

- \_\_\_ 1) School Nurse
- \_\_\_ 2) School Administrator(s)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
- \_\_\_ 3) Student's Teacher(s)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
- \_\_\_ 4) Paraprofessional(s)
- \_\_\_ 5) Director of Student Services
- \_\_\_ 6) Other(s)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_

This authorization shall be valid for

- \_\_\_ 1) The student's stay at \_\_\_\_\_ Norwich Free Academy
- \_\_\_ 2) The current school year.
- \_\_\_ 3) Other \_\_\_\_\_  
specify period

I provide this information based on my responsibility to consent for the health care of \_\_\_\_\_. I understand that such information shall be held confidential by the persons authorized here to receive such information, except as otherwise provided by law.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Date)