



## KISD HEALTH SERVICES

### KISD Health Records Release Consent Form

I, \_\_\_\_\_ authorize

Health Care Provider: \_\_\_\_\_

To disclose to the KISD school counselor(s) the following information:

- Diabetic history
- Medical information
- Behavioral needs
- Recommended accommodations
- Any other information necessary to best provide for the child in the school setting

I understand that my child's records are protected under the federal regulations in the Family Education Rights and privacy Act and cannot be disclosed without my written consent unless otherwise provided for in the applicable regulations.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Revised 9-4-2018