



COMMITTED TO STUDENT SUCCESS

**Physician's Orders Release of Information  
And Records Form  
Authorization to Administer Specialized Health Service**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**Parent/Legal Guardian Consent for Release of Information and Medical Records**

I authorize \_\_\_\_\_ (medical provider name)

\_\_\_\_\_ (address)

\_\_\_\_\_ (office number)

\_\_\_\_\_ (fax number) to disclose to Liberty Elementary School District the following

Protected Health Information pertaining to the patient referenced above for the following:

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By Physician**

**Diagnosis/Condition that Necessitates Procedure(s)** \_\_\_\_\_

**Name of Service/Procedure/Medication** \_\_\_\_\_

**Time/Frequency of Administration** \_\_\_\_\_

**Special Instructions and Conditions** \_\_\_\_\_

**Symptoms of Adverse Effects and Methods to Counteract** \_\_\_\_\_

**Note:** Services/Procedure/Medication Administration will be performed by a school nurse, Health Aide, or other school personnel trained in administering the service/procedure.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Parent/Legal Guardian Statement:** As the parent(S)/legal guardian(s) of \_\_\_\_\_ ("the Student"), I hereby request and authorize the school nurse or appropriately trained health aide or other school personnel to administer the medical procedure authorized by the physician named above to the Student. I agree to furnish all equipment, supplies, medications, formulas or other items necessary for the administration of the service/procedure/medication and to provide replacements and maintenance as necessary. I agree to notify the School Health Office immediately if there is any change in the Student's medical condition or physician's orders that impact the School's responsibility to the Student or that may impact the Student during the school day.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**THE LIBERTY SCHOOL DISTRICT**

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