Authorization to release confidential information

Westfield Washington Schools Health Services

Student's Name:_____
Date of Birth:_____ School Attending:_____
Parent or Guardian (if under 18)_____
Address:_____
City:_____ State:_____ Zip code:_____
Phone number:_____

I request and authorize _____
(Name of Person or Organization releasing information)
Phone number: _____ Fax number: _____
To disclose to person or agency named below:

Receiving agency information
Person or agency to receive information:_____
Fax Number:_____ Phone Number:_____
Address: _____
City: Westfield State: Indiana Zip code: 46074
Email address:_____

The following items: (Please check all reports to be released)
_____ Medical Diagnosis
_____ Medication or prescription information
_____ Progress and Treatment
_____ Immunization Records
_____ Medical Records
_____ Recommendations
_____ Information deemed in the best educational interest and safety of the student
_____ Other_____
The purpose of disclosure is:
_____ To comply with doctor referral or recommendation during school hours and activities
_____ Update of student Individual Health Care Plan
_____ Discontinuation of physician prescribed treatment while at school
_____ Update school nurse on student's emergency plan of action for school
_____ Update school health file

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that I may revoke this authorization at any time by notifying the releasing organization in writing, but if I do it will not have any effect on any actions that were taken before my revocation is received.
I declare under the penalty of perjury under the laws of the State of Indiana that the foregoing is true and correct, and that I am authorized to sign this release on the student's behalf.

Signed on _____ at _____

_____ _____
Signature of Parent, Guardian or Legal Representative Relationship to student

Note: The receiving agency understands that it cannot re-release any of the confidential information received without the client's written consent.