



NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

1000 N. Walnut St., New Braunfels, Texas 78130
Phone: 830.643.5700 | Fax: 830.643.5701
Email: mcoronado@nbisd.org |

Authorization to Release Healthcare Information

School Year: _____

Student Name: _____ Date of Birth: _____ Student ID/Teacher: _____

I request and authorize: _____

to release healthcare information of the student named above to: _____

This request and authorizatrion applies to:

- All healthcare information
- Healthcare information relating to the following treatment, condition, or dates: _____

Other: _____

Yes No

I have been fully informed and do understand the school's request. I authorize the release of the healthcare information.

Parent/Guardian Signature

Date