Florence 1 Schools
Students first

School Based Health Center (SBHC)
CONSENT FOR RELEASE OF EDUCATION RECORDS & INFORMATION

Florence 1 Schools (the District) shall obtain written consent before disclosing any personally identifiable information from an education record. I understand that the District will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA), state statutes and regulations, and state and District policies and procedures to ensure confidentiality regarding the release of student information. No information will be released or secured without prior approval from the parent, except as provided by law.

The District has my permission to release and exchange medical, psychological, and other educational or personally identifiable confidential information (i.e., absences, academics or nurse visits), as necessary, to representatives of the School Based Health Center. I understand that the purpose of this consent is to refer my child for health-related services and treatment.

Consent to Release Confidential Information

By providing my signature below, I understand that granting consent for the release of personally identifiable information from my child's education records is voluntary and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

By providing my signature below, I understand the recipient of these records must obtain my written consent before it can further share my child's information from the District with any other party, such as for the purpose of billing Medicaid. If I provide written consent for the service provider to share my child's information with another party, the re-disclosure of my child's information by the recipient may no longer be protected.

_____	_____	_____
Parent/Legal Guardian (*Printed)*	Student's Name *(Printed)*	Student's Date of Birth

_____	_____	_____
Parent/Legal Guardian Signature	Relationship to Student	Date