



Authorization for Disclosure of Confidential Student Health Information

Student \_\_\_\_\_ ID# \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Requested of (Person, Position, or Department) \_\_\_\_\_

Healthcare provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Requested by: School Nurse \_\_\_\_\_, RN Email \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

We are requesting that you authorize the release of specific records indicated below and consent to verbal communication between the parties named above for the reasons of meeting this student's health and safety needs at school.

Type of information requested:

- \_\_\_ General medical summary/current status
\_\_\_ Health/developmental history
\_\_\_ Physician or licensed prescriber orders
\_\_\_ Vision evaluation/treatment report
\_\_\_ Hearing evaluation/treatment report
\_\_\_ Behavioral/mental health assessments
\_\_\_ Diagnostic testing results
\_\_\_ Other \_\_\_\_\_

This information is needed for:

- \_\_\_ Planning for health and safety accommodations
\_\_\_ Assessment of health status impact on education
\_\_\_ Medication and procedure administration
\_\_\_ Provision for appropriate school health/school services
\_\_\_ Clarification/understanding of complex medical needs
\_\_\_ Behavioral/mental health support
\_\_\_ Communication of medical needs/access to care
\_\_\_ Other \_\_\_\_\_

YES NO

- I have been fully informed and understand the school's request for my consent, as described above.
I understand that this consent is voluntary, valid for 180 days, and may be revoked by me in writing at any time.
I understand that health records, once received by Dallas Independent School District will become education records protected by the Family Educational Rights and Privacy Act. The health information contained within those records will be shared only with school personnel with legitimate educational interest in the information.

Name of Parent, guardian, or adult/emancipated minor student \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Parent, guardian, or adult/emancipated minor student \_\_\_\_\_ Date \_\_\_\_\_

Address of Parent, guardian, or adult/emancipated minor student \_\_\_\_\_

Signature of Interpreter if used \_\_\_\_\_ Date \_\_\_\_\_