



**RELEASE  
FOR NURSE**

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION  
PRIVATE DUTY NURSING**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_  
Campus: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

This consent for disclosure of confidential information is for release of the student’s confidential information between Judson Independent School District and a third party, as follows:

\_\_\_\_\_  
NAME OF PRIVATE DUTY NURSE

\_\_\_\_\_  
NAME OF AGENCY

ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX/EMAIL: \_\_\_\_\_

RECORDS TO BE DISCLOSED/REQUESTED	PURPOSE OF DISCLOSURE
Medical; verbal and/or written correspondence	Educational Programming

Please respond to each statement with a **YES** or **NO** and sign at the bottom. If you indicate **YES** in response to all of the statements below and sign at the bottom, you will be giving your consent for disclosure of your child’s confidential information.

- YES**      **NO**      I have been fully informed in my native language or other mode of communication and understand the school’s request for my consent, to request/release records.
- YES**      **NO**      I understand that my consent for the disclosure of confidential information is voluntary and may be revoked at any time by contacting the school district. However, I understand 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retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).
- YES**      **NO**      I give my consent for disclosure of confidential information. Unless otherwise, revoked, this authorization will expire

\_\_\_\_\_  
NAME OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
NAME OF INTERPRETER, IF USED:

\_\_\_\_\_  
DATE: