



STUDENT HEALTH INFORMATION

AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION AND EDUCATION RECORDS

Student's Name: _____

Date of Birth: _____

MR#
(Staff to Complete):

Phone: _____

Address: _____

USE AND DISCLOSE MEDICAL AND / OR EDUCATION RECORDS BETWEEN:

Facility or Name: Nemours Children's Health, Delaware	District Name: _____
Address: 1600 Rockland Road	School Name: _____
City/State/Zip: Wilmington, DE 19899	Address: _____
Phone #: _____	Phone #: _____
	Fax #: _____

Authorization

1. I authorize the school nurse and Nemours medical personnel to discuss and share educational records and health information.
2. I understand the school nurse will have access to both treatment and non-treatment related information in my child's medical record.
3. I may revoke this authorization at any time by providing written notification to the addresses listed above for Nemours and my school.
4. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
5. I understand that signing this authorization is strictly voluntary.
6. I can request a copy of this form after I sign it.

EXPIRATION DATE: This authorization is valid for the duration of the _____ school year and will expire on August 15 _____, unless an earlier date is specified: _____

Patient/Guardian/ Representative Signature*: _____ Date: _____

Patient/Guardian/ Representative Printed Name: _____ Relationship to Patient: _____

Witness Signature: _____ Date: _____

* Parent or eligible student as required and defined by Family Education and Privacy Rights Act (FERPA)

*Nemours Children's includes: The Nemours Foundation, a Florida not-for-profit corporation, its operating divisions and sites, and its affiliates and subsidiaries, including Nemours Children's Hospital, Delaware; Nemours Children's Hospital, Florida; Nemours Children's Hospital, Surgery Center, Deptford; Nemours Children's Hospital, Surgery Center, Malvern; and all entities operating under the name Nemours Children's Health.