

**FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT**

**Health Programs**

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

TO: Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Parent/Guardian Authorization:**

This authorization shall remain valid no longer than one year from the date of signature. I hereby request and authorize the exchange of information and/or release of the following records pertaining to my child between you and the professional staff of the Folsom Cordova Unified School District. I understand that I have a right to receive a copy of this authorization, and I have the right to refuse to sign this form. I understand that I may revoke or modify this consent at any time by providing written notice. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization. I understand that this health information used or disclosed pursuant to this authorization may be subject to the re-disclosure by the recipient, and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public education agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

STUDENT DATA: Student's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

Medical Identification Number: \_\_\_\_\_

**INFORMATION AND/OR RECORDS REQUIRED:** Disclosure of information shall be limited to medical background and/or diagnosed condition as it pertains to the care of my child while attending Folsom Cordova Unified School District.

**PURPOSE FOR WHICH INFORMATION IS NEEDED:** To plan and implement a relevant educational program for the student in a safe environment taking into consideration any medical limitations.

RETURN TO: Health Programs, Folsom Cordova Unified School District  
1965 Birkmont Dr., Rancho Cordova, CA 95742  
Phone: (916) 294-9013 Fax: (916) 294-9024