

USD #457

Authorization for Release of Information

Student's Name	Date of Birth	School
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Parent's/Guardian's Name

Information obtained on individual students is classified as private and protected by Federal regulations, Kansas statutes and/or administrative regulations. Private information cannot be discussed with or released to anyone outside the school district except as authorized by the parent or guardian.

The undersigned hereby authorizes _____ to share
Physician & School Nurse
all pertinent information from his/her health record.

Information received on your child will be used for one or more of the following:

- 1. To facilitate evaluation of your child's educational program.**
- 2. To determine health needs of your child which may require special services during school.**
- 3. To facilitate health counseling or school health services which you may wish for your child.**
- 4. To provide school district personnel with a better understanding of your child's health needs.**

This authorization may be revoked by you at any time in writing and automatically expires one year from the date below.

Date	Signature of Parent/Guardian	Relationship to Child
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We are not authorized or funded to pay for this information