Authorization for Release of Student Medical Information

Dayton Public Schools

Patient Information

Last name	First name	Middle		
Address		City	State	Zip
Birthdate	Other possible names	Phone #		
School Attending:		Grade:	Home Room:	

Information Requested

___ Immunization record	___ Neurological
___ General / Medical	___ Surgical
___ Counseling Record	___ Orthopedic
___ Emergency / Urgent care record	___ Otorhinolaryngology (ENT)
___ Other:	___ Ophthamology

Action

___ Mail Copies
___ Fax copies

This information may be disclosed to and used by yton Public Schools.			The following individual or organization is authorized to ıake the disclosure:		
Mail to: School					
School Representative	Title				
Address			Address		
City	State	Zip	City	State	Zip
Phone#	Fax#		Phone#	Fax#	

Reason Needed

___ Continuity of Medical Care	___ Legal Reasons
___ At request of the Individual	___ Special Education
___ School Related	___ Other:

Authorization

I hearby authorize Dayton Public Schools (DPS) to release and/or receive medical information, to/from the above This authorization may include release of information concerning treatment of drug or alcohol abuse, drug ditions, Human Immunodeficiency Virus (HIV) test results, diagnosis or AIDS related conditions, psychiatric/psychological conditions.

I understand that this authorization shall remain in effect for the school year 20____ - 20____, unless an earlier ıtion date is specified in this space (_____). I also understand that I may withdraw this authorization at written notification to the above parties involved. However, this written notification cannot effect ĸen place based on my prior authorization.

I understand that if the person or entity that receives the above information is not a healthcare provider or health ɔvered by federal privacy regulations, the information described above may be re-disclosed by such person ∕ill likely no longer be protected by the federal privacy regulations.

Signature of Parent or Guardian	Date
Relationship to Student	
Signature of School Representative	Date