

## Getting Medical Information from Healthcare Providers

*This form allows school professionals to exchange information directly with your child's healthcare providers. Its use is highly recommended for students who have chronic health problems because it helps facilitate a working relationship between school professional, and your child's healthcare providers.*

### **Student's Information**

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### **School Information**

School name: \_\_\_\_\_ School district: \_\_\_\_\_

School address: \_\_\_\_\_

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

### **Healthcare Provider Information**

Healthcare Provider 1: \_\_\_\_\_

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

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

Healthcare Provider 2: \_\_\_\_\_

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

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

Healthcare Provider 3: \_\_\_\_\_

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

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

I, \_\_\_\_\_ authorize my child's healthcare provider(s) listed above to release my child's \_\_\_\_\_ medical records to the school listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date