

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: Abigail Zell Date of birth: 01 / 02 / 03
Parent's name: Amy Zell Phone number: (555)512-5122
Relationship to child: Mother

School Information

School name: Pleasantview Elementary School district: Pleasantview School District
School address: 1245 S. Smith Rd.
Phone number: (555)215-2155 Fax number: (555)215-2156

Healthcare Provider Information

Healthcare Provider 1: Dr. Benjamin Baker (primary care physician)
Address: 3443 E. Roger Rd.
Phone number: (555)212-5656 Fax number: (555)212-5657
Healthcare Provider 2: Pleasantview Neuropsychology
Address: 4678 W. Fountain St.
Phone number: (555)607-7006 Fax number: (555)607-7007
Healthcare Provider 3: n/a
Address: _____
Phone number: _____ Fax number: _____

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

Amy Zell
Parent Signature

12/7/11
Date