

Phoenix Union High School District
Student Health Services and Exceptional Student Services
STUDENT MEDICAL INFORMATION RELEASE PERMISSION FORM
FORMULARIO DE PERMISO DE LIBERACIÓN DE INFORMACIÓN MÉDICA DEL ESTUDIANTE

School Year (Año Escolar): _____ Date of Birth (Fecha de Nacimiento): _____

Student Name (Alumno Nombre): _____ Grade (Grado): _____

High School of Record (Escuela de Registro): _____ Student ID #: _____

HIGH SCHOOL OFFICIAL USE ONLY

Name of School Requesting Medical Information: _____

School Address: _____ City: _____, AZ Zip Code: _____

Name of Authorized School Personnel Requesting Information: _____

Telephone: _____ FAX Number: _____

Requesting Information from Physician/Healthcare Provider

Physician/Healthcare Provider Name: _____

Address: _____ City: _____, AZ Zip Code: _____

Telephone: _____ FAX Number: _____

Information being requested:

Medical Diagnosis Physician/Healthcare Provider Orders Medical Records Progress Notes

Other:

I hereby authorize Phoenix Union High School District and my child's Physician/Healthcare Providers to exchange information in writing and/or by telephone and release of my child's medical information as requested by the school. The medical information is being requested to prepare and plan for my child's medical care required during school hours. The information received by the school authorized representatives will be used only by the school personnel assigned to working with my child in accordance with A.R.S 15-1510.

Autorizo a Phoenix Union High School District y el médico de mi hijo/proveedores de asistencia sanitaria para el intercambio de información por escrito y/o por teléfono y la liberación de mi hijo con la información médica solicitada por la escuela. La información médica está siendo solicitada para prepararse y planear para mi hija en la atención médica necesaria durante el horario escolar. La información recibida por la escuela representantes autorizados será utilizada únicamente por el personal de la escuela asignada a trabajar con mi hijo en conformidad con A.R.S 15-1510.

Parent/Guardian Signature (Padres/Tutor Firma) Date Signed (Fecha) Telephone (Telephono)

School Authorized Representative Signature: _____ Date: _____