

# St. Mary's Elementary School

"...visible examples of Gospel living"



2 St. Mary's Hill · Lancaster, NY 14086  
Phone: 716-683-2112 · Fax: 716-683-2134

## AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

OTHER HEALTHCARE PROVIDER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

I hereby authorize my student's physician(s) listed above; as well as any specialist that my student may receive care; to exchange the following information with St. Mary's Elementary School faculty and staff, including the School Nurse, Admissions Department, Principal and Assistant Principal.

- Immunizations/physical exams to comply with NYS regulations
- Medical clearances as needed following an injury or change in condition
- Medical orders required for therapy needs; evaluations
- Psychological evaluations/reports
- Authorization for medications during the school day and/or on school trips
- Medical conditions/treatment plans that may have an impact in the school environment

THIS INFORMATION WILL BE USED TO PROVIDE A SAFE AND HEALTHFUL ENVIRONMENT AND DEVELOP AN APPROPRIATE PROGRAM FOR THIS STUDENT AT SCHOOL. ENROLLMENT IS NOT CONTINGENT UPON OBTAINING THIS RELEASE: HOWEVER, IN ORDER TO PLAN THE MOST APPROPRIATE PROGRAM FOR THIS STUDENT, THE INFORMATION MAY BE REQUIRED. SPECIFIC IMMUNIZATIONS PER NYS REGULATIONS ARE REQUIRED FOR ENROLLMENT. THIS RELEASE EXPIRES ON THE LAST DAY OF THE ENROLLMENT OF THE ABOVE STUDENT IN SCHOOL AND MAY BE REVOKED AT ANY TIME BY SENDING THE REQUEST TO CANCEL THIS PERMISSION IN WRITING TO THE ADDRESS ABOVE. SUCH REVOCATION WILL NOT AFFECT ANY DISCLOSURE MADE PRIOR TO ITS RECEIPT. PROTECTED HEALTH INFORMATION WILL NOT BE DISCLOSED WITHOUT CONSENT PER FERPA REGULATIONS. **A COPY OF THIS RELEASE WILL BE PROVIDED TO ME UPON REQUEST AND WILL BE SENT TO THE APPROPRIATE PROVIDER WHEN REQUESTS ARE MADE.**

\_\_\_\_\_  
SIGNATURE (STUDENT OVER 18 OR PARENT/GUARDIAN)\*\*

\_\_\_\_\_  
DATE

\*\*IF A STUDENT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN CONSENT FORM. IF OTHER REPRESENTATIVE IS SIGNING, AUTHORITY TO ACT ON STUDENT'S BEHALF: \_\_\_\_\_

THIS FORM COMPLIES WITH ALL HIPAA REGULATIONS