



13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

Permission To Release And Request Confidential Information

I hereby authorize an exchange of information to occur between the school nursing staff of the above agency and:

Health Care Provider Name: _____ Phone: _____

Address: _____

Specific Information Regarding: _____

Concerning the record of:

Name: _____ Date of Birth: _____

Social Security Number: _____ Records Number: _____

Other Names Used: _____

School: _____

I further authorize the Chino Valley Unified School District nursing staff to share any health information pertinent to my child's school progress with school personnel and/or other health care providers to which my child may be referred.

The reason for the disclosure is: _____

This authorization is in effect for one calendar year from today. Date: _____

I consent to the release of the above information. I understand that use of this information for any reason other than the expressed reason stated above and/or disclosure of this information to other parties is strictly prohibited. This consent is subject to revocation at any time.

I completed this form because I am (please circle one): Client Legal Guardian Parent

Signature of Parent/Legal Guardian

Date

Please send records to: _____
School Nurse – Chino Valley Unified School District