

**MEDICAL RECORD RELEASE FORM**

**Codman Academy Charter Public School**

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

I understand that this information is confidential. However, federal law permits information in the school health record to be <sup>[L]</sup><sub>[SEP]</sub>shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency.

**I authorize the physician and health center identified below to release appropriate information and /or speak to the school nurse, principal, head of school, or school counselor at Codman Academy regarding the above student.**

**Name of Physician** \_\_\_\_\_

**Name of Hospital / Health Center** \_\_\_\_\_

**Name of Parent / Guardian** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_