Gateway Community Charters Health Programs

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

To: Physician's name: _____

Address: _____

Phone number: _____ Fax number: _____

Parent/Guardian Authorization:

This authorization shall remain valid no longer than one year from the date of signature. I hereby request and authorize the exchange of information and/or release of the following records pertaining to my child between you and the professional staff of the **Gateway Community Charters School District.** I understand that I have a right to receive a copy of this authorization, and I have the right to refuse to sign this form. I understand that I may revoke or modify this consent at any time by providing written notice. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization. I understand that this health information used or disclosed pursuant to this authorization may be subject to the re-disclosure by the recipient, and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public education agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).

Print name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

Student's name: _____

DOB: _____

School: _____ Grade: _____

Medical Provider: _____

Medical Identification Number: _____

INFORMATION AND/OR RECORDS REQUIRED: Disclosure of information shall be limited to medical background and/or diagnosed condition as it pertains to the care of my child while attending **Gateway Community Charters Schools**.

PURPOSE FOR WHICH INFORMATION IS NEEDED: To plan and implement a relevant educational program for the student in a safe environment taking into consideration any medical limitations.

RETURN TO: **Health Support Services, Gateway Community Charters**

5112 Arnold Ave. Suite A, McClellan, CA 95652

Phone: (916) 286-5199

Fax: (916) 993-4167