

PARENT/LEGAL GUARDIAN
PERMISSION TO RELEASE & EXCHANGE CONFIDENTIAL INFORMATION

I hereby authorize the exchange of information regarding my child, _____,
whose date of birth is _____, to occur between the nurse, teachers, & other
involved staff of Rouses Point Elementary School and his/her health care provider,
_____.

I further authorize the Rouses Point Elementary school nurse to share any health information
pertinent to my child's health and school progress with his/her health care provider named
above. Additionally, I also authorize the release of my child's medical records such as physical
examination forms & immunization records from the above named health care provider to the
school nurse.

The purpose of this disclosure is to maintain accurate health records and/or to facilitate
development and implementation of his/her Individualized Education Plan.

I hereby permit the use or disclosure of the above information to the Rouses Point Elementary
School. My authorization will remain in effect: (please check one)

- One time release As long as my child remains a student in the NCCS district
 Other: _____

I consent to release of the above information. I understand that use of this information for
any reason other than the expressed reason stated above is prohibited and that 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 check one) Parent Legal Guardian

(SIGNATURE OF PARENT/LEGAL GUARDIAN)

(DATE)