



AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

Student's Name

Date of Birth

School(s)

Parent's/ Guardian's Name

Telephone

The undersigned hereby authorizes the release and exchange of information between Berkeley County School District
(_____ School) and _____
_____ regarding my child's health condition.

The following information is requested:

- Health History**
- Physical Examination Report**
- Medication Form**
- Present Health Status Report**
- Precautions and Perimeters**
- Other (Specify)** _____

Information received on your child will be used for one or more of the following:

1. to facilitate evaluation of your child's individual educational program;
2. to determine health needs of your child which may require special services during school hours;
3. to facilitate school health services for your child; and/or
4. to provide school personnel with a better understanding of your child's health needs.

This authorization may be revoked by you at any time in writing. A new form is required each school year.

Date

Signature of Parent /Guardian

Relationship to Child

We are not authorized or funded to pay for this information.

Revised 2017