Berkeley PUBLIC SCHOOLS
Berkeley Unified School District

Appendix E

Authorization for Release of Health & Education Information
BERKELEY UNIFIED SCHOOL DISTRICT

Referring Staff:	Phone:	Referral Date:
Email:	Fax Number:	
I. GENERAL INFORMATION		
Student:	DOB:	Age:
Address:		
Phone:	Sex: M ☐ F ☐ Other ☐	
School:	Grade:	
Primary Language:		

II. PLEASE PROVIDE THE FOLLOWING CONFIDENTIAL INFORMATION FOR THE STUDENT LISTED ABOVE

☐ Psychological ☐ Diagnosis	☐ Psychiatric History ☐ Educational	☐ Legal ☐ Other	☐ Health

III. TO BE COMPLETED BY PARENT/GUARDIAN

I consent to communication and exchange of information between _____ (Health Care Provider) and District staff/contract providers to discuss and share records and conditions pertaining to the above-named student. This information is confidential and may not be given to employees of other schools, public agencies, or individual professionals in private practice without my consent; unless another authorization is obtained from me or unless such use or release is specifically required or permitted by law. In accordance HIPAA, FERPA, and applicable California laws, all personal and health information is private and must be protected.

The authorization shall be valid until _____/_____/_____. You may provide a date after which no information can be released. If no date is provided, authorization is valid for one year from date of signature. This consent is voluntary.

Parent/Guardian Signature:	Date:

Diagnosis:

Treatment:

Medications:

Student Should:

☐ Attend School

☐ Not Attend School Weeks(#) Month(s): Expected Date of Return

☐ I am aware of the percentage of number of days this students has been unable to attend school. If the student is unable to attend school, does the student need:

☐ Modified/Reduced Schedule Until:

☐ No P.E. Until

Other Recommendation:

Provider Signature:

Print Name:

Fax: Phone:

School staff may contact provider for clarification/recommendations. Information requested is personal in nature; therefore, a verbal conversation may be best in some cases.