



DISTRICT 186

SPRINGFIELD PUBLIC SCHOOLS

SPRINGFIELD SCHOOL DISTRICT #186 AUTHORIZATION FOR

Student Name	Date of Birth	Parent/Legal Guardian	Relationship

I authorize the mutual sharing of my child's high confidential information between:
and

<p>Springfield School District 186</p> <p><u>Community-Based Programs</u> Name of School or Department</p> <p><u>OT/PT Department</u> Attention (if applicable)</p> <p><u>3031 Stanton Street</u> Address</p> <p><u>Springfield, IL 62703</u> City/State/Zip</p> <p><u>P: 217-585-5800 F: 217-585-5807</u> Phone/Fax Number</p>	<p>Primary Physician</p> <p>----- Individual or Agency</p> <p>_____ Attention (if applicable)</p> <p>_____ Address</p> <p>_____ City/State/Zip</p> <p>_____ Phone/Fax</p>
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TYPE OF INFORMATION TO BE RELEASED (Initial next to information to be exchanged.)

Student	Guardian	Type of Confidential Information	Specify Date Range
		Other: (specify) Contact Information for Primary Physician Information	
		Medical (e.g., results of medical assessments, diagnoses, treatment plans, treatment progress, medication history, recommendations)	

PURPOSE FOR RELEASE OF INFORMATION (Initial next to purpose for release of information.)

Student	Guardian	Purpose for Requesting Information
		Other: (specify) To obtain prescription for OT and/or PT services from physician.
		Coordination of services with the above named individual or agency
		Consultation with the above named individual or agency

- I understand this consent is valid for one (1) year following the date signed.
- I understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken.
- I understand that a copy or fax of this consent will be considered legal in lieu of the original document.
- I understand that I have the right to inspect and copy the information to be disclosed.
- I understand that refusal to consent may impact educational planning.

SIGNATURES (Required to authorize the mutual sharing of highly confidential information, as specified)

_____	_____
Parent/Legal Guardian Signature	Date
_____	_____
Student Signature (Age 12 & older)	Date
_____	_____
Witness Signature	Date