

**INDEPENDENT SCHOOL DISTRICT #518
AUTHORIZATION & CONSENT FOR RELEASE & EXCHANGE
OF INFORMATION**

Send information to:

Prairie Elementary 1700 1st Ave SW Worthington, MN 56187 Phone# 507-727-1250 Fax #507-727-1255
Intermediate School 671 N Crailsheim Rd Worthington, MN 56187 Phone#507-727-1275 Fax# 507-727-1277
Worthington Middle School 1401 Crailsheim Worthington, MN 56187 Phone# 507-376-4174 Fax #507-372-1424
Worthington High School 1211 Clary St Worthington, MN 56187 Phone# 507-376-6121 Fax# 507-372-4304
Learning Center 825 N Crailsheim Worthington, MN 56187 Phone# 507-372-1322 Fax#507-727-1125

Student's Name: _____ **Birthdate:** _____ **Grade:** _____
Phone number: _____ **Address:** _____
Parent/Guardian Name: _____

Notice of Data Collection (Tennessee Warning)

a.) I understand that the information to be exchanged will be treated as private or confidential as governed by Minnesota Statute Sections 13.01 to 13.87. The purpose and intended use of such information and records is to enable the ISD #518 School staff to effectively coordinate, prepare and carry out a comprehensive school plan of care using pertinent medical and psychosocial information. To provide safe and appropriate health services & feedback under a managed and collaborative plan of care.

b.) You are not legally required to provide the information requested. Refusal to supply the requested data may hinder the ability of school staff to provide the most appropriate services available to your child.

Consent for Release and Exchange of Information

Independent School District #518 is hereby authorized to release, exchange, and/or obtain information with the following named agency(s) or individual(s): Health Records, Psychological Reports, Chemical Abuse/Dependency Report, Medical Report (including related services), Psychiatric Reports, Social Work Report, Special Education Records (including related services) Other: _____

Physician	_____	phone	_____	fax	_____
Physician	_____	phone	_____	fax	_____
Physician	_____	phone	_____	fax	_____
Other	_____	phone	_____	fax	_____
Other	_____	phone	_____	fax	_____

b.) I understand that ISD #518 cannot release information disclosed by this consent to anyone other than the agency(s) and/or individual(s) listed above unless written permission is provided by me.

c.) I understand that this authorization will permit two-way telephone, faxed, written, and/or other electronic communication between the agency(s) or individual(s) listed above.

d.) I further understand this consent terminates one year from date signed, unless I should choose to revoke it earlier.

e.) Student records may be examined by parent(s)/guardian(s), or student if age 18 or older.

Parent/Guardian Signature

Date

8/22wd