



LIBERTY CHRISTIAN SCHOOL

2018/2019 Health Information Release Form

Student Name: _____

Grade: _____

Health Information Privacy

I hereby authorize Liberty Christian School's health officials to share health information and health history with other staff members on a need to know basis. The purpose of this disclosure is for the staff to be prepared in advance for any medical emergencies and may include teacher, staff, coaches, bus drivers and field trip coordinators.

The health information to be disclosed will be from the Health Inventory, Emergency Card, medical Protocol, Medical Order Form, Immunization Record and Individual Health Problem Record.

Authorization

This authorization is valid for one school year. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to help with the care and treatment of my student while attending Liberty Christian School.

Parent or Guardian Signature

Date

Individual Health Problem Record

| Health Problem Identified/Daily Medication | Age Problem Identified | Plan In Place | Authorization to Disclose (yes or no) |
|--|------------------------|---------------|---------------------------------------|
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- Please check the box to the left if no health problems have been identified.
- Please check the box to the left if no daily medications have been prescribed.

Updated 6/2018