

# ORCUTT UNION SCHOOL DISTRICT

## Health Services Department

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

### PARENT CONSENT FOR RELEASE OF INFORMATION

Student's Name _____	Birthdate _____		
School _____	Teacher _____		
Parent/Guardian _____	Home Phone _____		
Mother's Cell _____	Mother's Work _____	Father's Cell _____	Father's Work _____
Physician _____			
Phone Number _____		FAX Number _____	

In order to assist the Orcutt Union School District Nurse Administrator in making a complete assessment, I give my permission for medical, psychological, or other information concerning the above-named student to be released and sent between the following:

INFORMATION TO BE RELEASED BY:	INFORMATION TO BE RECEIVED BY:
Name of Professional and/or Agency _____	Name of Professional and/or Agency _____
Address _____	Address _____
_____	_____

**NOTE:** Any information received by the public school must, by law, be included in the student's records

Signature of Parent/Guardian _____	Date _____
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#### PLEASE RETURN TO:

Name of Professional and/or Agency \_\_\_\_\_

Address \_\_\_\_\_

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CONSENTIMIENTO DE LOS PADRES PARA COMPARTIR INFORMACION

Form with fields for: Nombre del Estudiante, Fecha de Nacimiento, Escuela, Maestro, Padre/Tutor, # Celular-Mamá, # Trabajo - Mamá, # Celular-Papá, #Trabajo-Papá, Doctor, Teléfono, # de FAX

Para poder ayudar a la Enfermera Administrativa del Distrito Escolar de Orcutt, a completar las evaluaciones, doy my consentimiento para que se comparta la siguiente información médica, psicológica, y otra, referente al estudiante antes mencionado. Los siguientes profesionales o agencias pueden intercambiar información.

Form with two columns: INFORMACION COMPARTIDA POR: and INFORMACION RECIBIDA POR: with fields for Name and Address.

Form with a NOTE section and signature/Date fields: FAVOR DE REGRESAR A: (Note: The image shows a signature line and a date line, but the text 'FAVOR DE REGRESAR A:' is not explicitly written in the image, only the signature and date lines are present in the box).

Form with fields for: Nombre del Profesional o Agencia, Dirección