



DELANO JOINT UNION HIGH SCHOOL DISTRICT

1720 Norwalk St. - DELANO, CA 93215 - (661) 725-4000

Cesar E. Chavez High School . Delano High School . Robert F. Kennedy High School . Valley High School . Delano Adult School

REQUEST FOR RELEASE OF INFORMATION to DELANO JOINT UNION HIGH SCHOOL DISTRICT

DATE: _____

TO: PRIOR AGENCY _____

ADDRESS _____

CITY, STATE, ZIP _____

Please send medical information including medical diagnosis, list of medications, diagnostic testing/labs and/or psychiatric/psychological assessment and/or hearing or vision results regarding:

Name of Student

Date of Birth

Please send these records to:

Delano Joint Union High School District
Attn: Anna White School RN
(661) 720-4150 Office (661) 725-8689 Fax

Duration: This authorization shall become effective immediately and shall remain in effect until _____ (enter date) or for one year from the date of signature if no date entered. This will allow the exchange of information between _____, and the Delano Joint Union High School District.

Revocation: This authorization may be revoked in writing by the undersigned at any time prior to the release of information from the disclosing party. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

Disclosure: I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

I request that the health (mental/medical) information released and/or disclosed pursuant to this authorization be used for the following purposes only: _____ to facilitate the educational planning for the student.

Parent/Guardian Signature

Date

Secretary or Requestor

Date

Relationship (if not signed by patient)

District Nurse
Job Title

A NEW TEAM COMMITTED TO SERVE THE STUDENTS AND COMMUNITY EFFECTIVELY