



ELIM CHRISTIAN SCHOOL
Consent for Release of Information

My signature below constitutes authorization for release of information, verbal or written, relevant to services provided for my student. This includes all school records and the specific information described below.

Student's name _____ Date of Birth _____

I hereby authorize **Elim Christian School, 13020 S Central Avenue, Crestwood, Illinois 60418 (Phone: 708.389.0555)** to release to and/or freely exchange with the following agency/individual, the protected school records, mental health and health information, as specifically indicated below, of the above-named student:

Name of agency/Individual & Contact Person (if agency)

() Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

I authorize the release of the following protected school records, mental health and health information as authorized by this consent form: (check mark all that apply)

- School Evaluations
- Individual Education Plans (IEPs)
- Grades and Progress Reports
- Medical Records/Physician Orders
- Psychiatric/Psychological Evaluation
- Social Work/Therapist Progress Notes
- Section 504 Plans
- All information, no restrictions
- Other: _
- Standardized Testing
- Curriculum Based Measurements
- Nursing/Medication Records
- History and Physical Exam
- Treatment Plans/Integrated Assessments/Discharge Summary
- Verbal Communication – No Restrictions
- Verbal Communication – Restrictions:

THIS RELEASE EXPIRES ONE YEAR FROM THE DATE OF SIGNATURE, WHICH IS ON: _____

The purpose of the release of this information is for educational and/or treatment planning. The undersigned acknowledges that information used or disclosed in accordance with this authorization may no longer be protected by federal law and could be used or redisclosed by the receiving party, pursuant to any agreement the undersigned may have with such party. Further, the undersigned understands that refusal to sign will result in the information not being disclosed. The undersigned intends that a photocopy, facsimile or digital copy of this form will carry the same legal force and effect as the original. The undersigned further acknowledges that he/she has the right to revoke this consent in writing at any time, and to inspect, copy, limit or challenge the contents of the records being requested prior to release. However, it is understood that the undersigned cannot do anything about information that is already used or disclosed pursuant to this authorization. The undersigned has a right to receive a copy of this completed form. Knowing this, the undersigned intends to authorize the release of the above-designated records. I/we hereby release the **Elim Christian School** from all legal responsibilities or liability that may arise from the use, disclosure or redisclosure of medical or other records and other health information in reliance on this authorization.

I understand that this authorization extends to all of the records/information designated below which may include treatment for physical and mental illness, alcohol/drug abuse, sexually transmitted disease, HIV/AIDS test results or diagnoses. If any requested records contain information regarding alcohol or drug abuse treatment, these records are protected by Federal confidentiality rules. These rules prohibit further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by Federal rules. A general authorization for the use or release of medical or other information is insufficient for this purpose. Federal rules restrict use of the information for criminal investigation or prosecution of any alcohol or drug abuse patient.

Signature of Parent/Guardian: _____

Date

Witness Signature: _____

Date

Signature of Student (If 12 years or older): _____

Date

Witness Signature: _____

Date