

**Tulsa Public Schools  
HEALTH SERVICES**

Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I (we) do hereby give my (our) permission for the Health Assistant and/or School Nurse to release the health information contained in their files to District personnel who have a need or right to know concerning my child or children listed below:

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_  
Parent, Legal Guardian, or Person Responsible for Student's Care

\_\_\_\_\_  
Address

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

(If more than one (1) child listed, place original consent in file of first child with copies in additional children's files.)

**\*This consent can be revoked in writing, at any time, and must be renewed annually.  
\*\*Extent of Release and conditions are governed by District Policy, FERPA, and HIPAA requirements.**

Documentation of information released to:

\_\_\_\_\_  
(Name) (Title) (Date)

\_\_\_\_\_  
(Name) (Title) (Date)

\_\_\_\_\_  
(Name) (Title) (Date)

(additional documentation may be listed on back of form)