



### Parent/Guardian Release of Information

UIC Code: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_      Last                                  First                                  Middle  
Primary Physician's Name \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I hereby authorize the above named source to release or disclose to Northwest Education Services the following information for the student listed above:

- All medical records or other information regarding the treatment and/or outpatient care for the above named student, including psychological, medical, and physical.
- Information about how the disability and/or prescribed medications may impact major life activities.

I authorize the use of fax, photocopy, and email of this form for the release or disclosure of the information described on this form. I understand that this authorization, except for action already taken, may be voided by me at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### Physician's Relevant Findings

Student's Name: \_\_\_\_\_ Attending School Building \_\_\_\_\_

This information is requested to help inform the special education eligibility and educational plan for the above named student.

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Chronic       Acute

Treatment Medication(s) prescribed: \_\_\_\_\_  
\_\_\_\_\_

UIC Code \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Disability/Medication(s) may impact: (comments)

Cognition \_\_\_\_\_

Strength/endurance \_\_\_\_\_

Vitality \_\_\_\_\_

Alertness \_\_\_\_\_

Attention/Concentration \_\_\_\_\_

Motor Skills \_\_\_\_\_

Sensory \_\_\_\_\_

Other \_\_\_\_\_

Child is unable to attend School during normal school hours:

- Physical Condition (explain) \_\_\_\_\_
- Medication (explain) \_\_\_\_\_
- Other \_\_\_\_\_
- Expected duration of absence \_\_\_\_\_

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Name (please print or type)

\_\_\_\_\_  
Specialty Area