



# Cretin-Derham Hall

Co-sponsored by the Sisters of St. Joseph of Carondelet and the Brothers of the Christian Schools

## Cretin-Derham Hall Authorization for the Release of Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### I authorize Cretin-Derham Hall to obtain information from:

Physician: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### The following information related to this head injury is requested:

\_\_\_\_\_ Health Histories                      \_\_\_\_\_ Consultations  
\_\_\_\_\_ Physical Examination Reports                      \_\_\_\_\_ Admission/Discharge Summaries  
\_\_\_\_\_ Office/Clinic Visit Notes                      \_\_\_\_\_ Other: \_\_\_\_\_

**The purpose of this request is to provide appropriate school personnel with a better understanding of your child's health needs which may require attention during school.**

### Statement of Authorization:

- I understand that the authorization takes effect the day that I sign it and expires one year from the date of my signature.
- I understand that I may revoke this authorization at any time by giving written notification.
- It is the practice of Cretin-Derham Hall to not re-disclose records without consent.
- Services are not conditioned upon this release of information.

\_\_\_\_\_  
Signature of Parent/Guardian                      Relationship to Student                      Date

**Return form to:** Dawn Swanson, School Nurse, 550 S. Albert Street, St. Paul, MN 55116  
**Fax:** (651) 696-3394 \* **Phone:** (651) 696-2243