

Barrow County School System

Medical Information Release and Fax Consent

{The purpose of this form is to allow both verbal and written exchange of medical information between the child's/student's school and the child's physician's office.}

As the parent/guardian of a child attending _____ School,
School Name

I understand that the school requires Student Care Plans and/or Medication Consent forms on all students who have special needs which either require that school personnel directly administer care, or supervise the care, being delivered to the student.

I therefore give permission for release of medical information regarding my child,
_____, between the physician's office:

Child's/Student's Name

_____/ phone # _____

Physician's Name

and the above named school. By signing this, I also give permission for the school to consult with my child's physician and to fax any medical information (Student Care Plans, Administration of Medication Request forms [med. consent forms], etc.) to/from either facility as needed.

Signature of Parent/Guardian

Date