Dr. Matthew Landahl
Superintendent of Schools

BEACON CITY SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
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Mrs. Ann Marie Quartironi
Deputy Superintendent

Mrs. Cecilia Dansereau-Rumley
Assistant Superintendent for Instructional Services

Mr. Erik Wright
Executive Director of Curriculum and Instruction

Mrs. Dawn Condello
Director of Pupil Personnel Services

Mr. John Giametta
Director of Physical Education, Athletics, Health, and Recreation

Authorization for Use or Disclosure of Protected Medical Information

Student's Name:____ Date Of Birth:____________

I am the legal parent/guardian of the above named student and do hereby give permission to the Beacon City School District nurse's offices to release pertinent medical information from my child's school health record to school personnel as needed. Any information which is shared will be for the purpose of ensuring the safest possible environment for your child and will help to meet their medical/educational needs while they attend school in the Beacon City School District.

This authorization shall be enforced and in effect from the date signed below until my child graduates and/or is discharged from the Beacon City School District, at which time this authorization to use or disclose this protected medical information will expire.

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Beacon City School District nurse's office where my child is a student. I understand that the revocation of this authorization is not effective if the Beacon City School District nurse's office has used this authorization for disclosure of the protected medical information before receiving my written notification.

I understand that any protected medical information disclosed as a result of this authorization to anyone not covered by the state and federal privacy laws may be subject to re-disclosure and may no longer be protected by federal or state law.

I understand that my child's treatment is not dependent on my agreement to release or withhold information.

APPROVAL (Parent/Guardian's Signature)____

Parent/Guardian's Name (Printed) ________________________________ Date ______________

Revised 2/18