

To be translated into the student's home language
CAMBRIDGE PUBLIC SCHOOLS
INFORMED CONSENT FOR RELEASE OF MEDICAL RECORDS, SCHOOL RECORDS AND
RELATED SCHOOL AND HEALTH INFORMATION

I agree and grant permission for _____ (“Releasor”) to release to the Cambridge Public Schools the following specific information and other Protected Health Information as that term is defined in the privacy rule of the Health Insurance Portability and Accountability Act regarding my child, _____:

- | | |
|---|--|
| <input type="checkbox"/> psychological evaluation | <input type="checkbox"/> medical history |
| <input type="checkbox"/> psychiatric evaluation | <input type="checkbox"/> social history |
| <input type="checkbox"/> hospitalization/outpatient | <input type="checkbox"/> discharge summary |
| <input type="checkbox"/> treatment plan | <input type="checkbox"/> treatment summary |
| <input type="checkbox"/> student records | <input type="checkbox"/> school history |
| <input type="checkbox"/> other (specify) _____ | |

I understand that the Cambridge Public Schools will provide the Releasor with a copy of this fully executed Informed Consent for Release of Medical Records, School Records and Related School and Health Information (“Informed Consent Form”) prior to any information being released.

By signing this Informed Consent Form and granting the permission stated herein, I am releasing both the Cambridge Public Schools and the Releasor and their respective officers, directors, agents, members and/or employees from and against any and all claims arising out of the release of my child’s student records and related student and health information, and any subsequent use of this information by the Cambridge Public Schools and/or the Releasor and their respective officers, directors, agents, members and/or employees.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

_____	_____	_____
Student Name	Grade	Date of Birth

_____	_____
Parent/Guardian/Caregiver	Date

_____	_____
Student Signature (if 14 or older)	Date