



BUTLER AREA SCHOOL DISTRICT

110 Campus Lane

Butler, PA 16001

724-287-8721

RETURN TO:

SCHOOL NURSE

CONSENT TO OBTAIN/RELEASE CONFIDENTIAL

EDUCATIONAL/ MEDICAL/ MENTAL HEALTH INFORMATION

Check One: Obtain Release Obtain/ Release

Student Name: _____ Date of Birth _____

District Lives: _____ Attends: _____

Parent Name: _____

Parent Address: _____

Method of Release: Verbal Only Written Only Verbal & Written

I hereby authorize the Butler Area School District to obtain and/ or release information on my child from:

NAME: _____

ADDRESS: _____

CITY/ STATE: _____

PHONE: _____ FAX: _____

The information is to be shared for the purpose of facilitating the student's educational program. The information to be released and/ or obtained is:

- | | |
|---|---|
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Medical Evaluation/ Report |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Intake/ Discharge Summary |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Drug and Alcohol Treatment |
| <input type="checkbox"/> Evaluation Reports (ER) | <input type="checkbox"/> Individualized Education Program (IEP) |
| <input type="checkbox"/> Functional Behavior Assessment (FBA) | <input type="checkbox"/> Behavior Intervention Plan (BIP) |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Other: Verbal/ Written Communication |

This consent will begin the date of this authorization and will expire one year later on _____ unless revoked by me in writing. I, undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

Witness/ Date

Student/ Date 14 years or older for Mental Health Records, 18 years for Educational

Parent or Guardian/ Date