



**HYDE PARK DAY SCHOOL**

## Authorization for Release of Confidential Information

We, the undersigned, do hereby authorize the release of any and all oral or written information concerning our child \_\_\_\_\_ and our family from any public or private agency, included but not limited to those listed below, to Hyde Park Day School. We also give permission to administrators and faculty of Hyde Park Day School to observe our child in his/her school setting and/or with his/her tutor. The information requested below is being released for the purpose of assisting in admissions and educational programming.

This release authorizes disclosure of any and all oral or written social history, medical, academic, psychological, psychiatric, or educational planning and testing information. In the case of a mental health facility, the complete disclosure of medical chart and running record or patient log information is authorized. Medical chart information shall include **but not be limited** to intake and discharge summaries, nursing entries, medical reports, consultations, operating room logs, or any other information relating to the above named minor.

In the case of a mental health facility, we understand that should we refuse to sign this release, the requested information **will not** be disclosed and educational planning will not occur. We understand that we have a right to inspect and copy all information, and that we have the right to revoke this authorization in writing. Being fully apprised of these rights, it is our intent that this release remain in full force and effect until revoked in writing by the undersigned parties, or until the **expiration date** indicated below, whichever comes first, in order that Hyde Park Day School can be fully informed on a continual basis without repeated requests. We further intend that carbon, FAX, photocopies, and scanned electronic copies of this release shall have the same force and effect as the original.

Please list teachers (present and immediate past), principals, tutors and other professionals with whom the child/student is presently seeing or has seen. If additional space is needed, please use back of release.

Name:	Title:	Telephone Number:	Email:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent/Guardian

Expiration Date: \_\_\_\_\_ ***Adult Witness:*** \_\_\_\_\_  
*Release expires after one year unless otherwise specified.*