Clarion-Limestone Area School District

4091 C-L School Road
Strattanville, PA 16258
Business Office/Superintendent
Phone: 814-764-5111
Fax: 814-764-5729

High School
Phone: 814-764-5111
Fax: 814-764-5274

Elementary
Phone: 814-764-6006
Fax: 814-764-5806

Authorization for Release of Medical Information

Student Information:

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I authorize the release of my Protected Health Information (PHI) to Clarion-Limestone Area School District

From:

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Purpose for Request: Continuity of Care Method of Release: Verbal, Fax, and/or Paper Copy

Records to be Release:

	Immunizations		Dental Exam Report
	Health History		Eye Exam Report
	Physical Exam Report		Audiology Report
	Office Visits		Behavioral Health Medication Management

By Signing this Authorization, I understand that:

- Unless otherwise revoked, this authorization will expire 1 year from the date signed.
- The right to revoke this authorization can be completed at any time. Revocation must be made in writing and presented to Clarion-Limestone Area School District Attn: School Nurse. Revocation will not apply to information already disclosed in response to this authorization.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____