FONDY C.A.R.E.S.
COMMUNITY ACCESS, RESPONDING AND EMPOWERING STUDENTS

Fond du Lac School District
FONDY C.A.R.E.S. Program
72 West Ninth Street, Fond du Lac, WI 54935
920-929-2900

INFORMED CONSENT TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

1. Regarding Student:

Last Name _____ First _____ MI _____

Date of Birth _____ Telephone _____ Maiden/Previous Name _____

Street Address _____ City _____ State _____ Zip _____

2. Release From:

SSM Health _____ 920-907-8201
Name(business, physician, etc.) Telephone

40 Camelot Drive _____ FDL _____ WI _____ 54935_____
Street Address City State Zip

Attention:_____

3. Release To:

Chegwin _____ 920-929-2820
Name (business, physician, etc.) Telephone

109 East Merrill Avenue _____ FDL _____ WI _____ 54935_____
Street Address City State Zip

Attention:_____

4. Specific type of information to be disclosed (circle all that apply)::
In the form of: • Photocopies • Verbal Communication • Other:

5. Purpose or need for disclosure/exchange (circle all that apply): • FONDY C.A.R.E.S. • Education Programming • Psychological • Speech & Language • Occupational/Physical Therapy • School Health Program/Vision/Audiologist

5. Disclosure includes future records regarding my services until the date or condition of expiration (one year maximum from the date of this signed consent)

Student/Parent Rights (please read before signing): You may request multiple releases of information identified on this authorization form. You may receive a copy of this authorization. Fond du Lac School District does not condition treatment, or eligibility for benefits based on the signing of this authorization. You have the right to inspect and receive a copy of the material to be disclosed in accordance with District policies. The District may charge for photocopies based on School Board policies. You may revoke this authorization at any time (except to the extent that the District has already acted in reliance upon it), by written notice to Fond du Lac School District.
Attention: Privacy Officer. If the person or organization requesting this information is not subject to the federal privacy standards, the information disclosed pursuant to this authorization may no longer be protected by the federal privacy standards. A photocopy of this authorization shall be as valid as the original.
I hereby release the Fond du Lac School District from all legal responsibilities or liability that may arise from this act of disclosure.

Student Signature:_____ **Date:**_____
(If 18 yrs. or older)

Authorized Person:_____ **Relationship**:_____
(Parent or Guardian)