



CAMBRIDGE PUBLIC SCHOOLS
159 THORNDIKE STREET CAMBRIDGE, MASSACHUSETTS 02141

To be translated into the student's home language
**CAMBRIDGE PUBLIC SCHOOLS
INFORMED CONSENT AND RELEASE
FOR EXCHANGE OF INFORMATION
BETWEEN
CAMBRIDGE PUBLIC SCHOOLS AND OUTSIDE AGENCIES AND PROGRAMS**

I, _____, hereby agree and give consent for the Cambridge Public
(Name of Parent/Guardian)

Schools and the agencies and programs listed below to release to and obtain from each other the student record, health and other confidential information and other Protected Health Information, as that term is defined in the Privacy Rule of the Health Insurance Portability and Accountability Act, of my child, _____ . The agencies and programs that this release covers are the
(Name of Child)

following: _____
(List Agencies and/or Programs)

Further, I also give consent for the Cambridge Public Schools and the above identified agencies and/or programs to communicate with each other regarding my child.

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

Parent/Legal Guardian's Signature

Date