



CAMBRIDGE PUBLIC SCHOOLS
159 Thorndike Street Cambridge, Massachusetts 02141

To be translated into the student's home language
**CAMBRIDGE PUBLIC SCHOOLS
INFORMED CONSENT FOR RELEASE OF
MEDICAL RECORDS, SCHOOL RECORDS AND
RELATED SCHOOL AND HEALTH INFORMATION**

I agree and grant permission for _____ to release to the Cambridge Public Schools the following specified information and other Protected Health Information as that term is defined in the privacy rule of the Health Insurance Portability and Accountability Act regarding my son/daughter, _____:

- | | |
|---|--|
| <input type="checkbox"/> psychological evaluation | <input type="checkbox"/> medical history |
| <input type="checkbox"/> psychiatric evaluation | <input type="checkbox"/> social history |
| <input type="checkbox"/> hospitalization/outpatient | <input type="checkbox"/> discharge summary |
| <input type="checkbox"/> treatment plan | <input type="checkbox"/> treatment summary |
| <input type="checkbox"/> student records | <input type="checkbox"/> school history |
| <input type="checkbox"/> other (specify) _____ | |

I understand that the Cambridge Public Schools will provide _____ with a copy of this fully executed Informed Consent for Release of Medical Records, School Records and Related School and Health Information, ("Informed Consent Form") prior to any information being released.

By signing this Informed Consent and Release and granting permission as stated herein, I am releasing both the Cambridge Public Schools and _____ and their respective officers, directors, agents and/or employees from and against all claims arising out of the release of my son/daughter's student records and related student and health information, and any subsequent use of this information by the Cambridge Public Schools and/or _____ and their respective officers, directors, agents and/or employees.

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

_____ Student Name	_____ Grade	_____ Date of Birth
_____ Parent/Guardian Signature	_____ Date	
_____ Student Signature (if over 16)	_____ Date	