



**LAWRENCE PUBLIC SCHOOLS  
LAWRENCE, MA  
AUTHORIZATION TO RECEIVE AND EXCHANGE INFORMATION**

Student Name:	LASID #:	
School:	Grade:	Date of Birth:

I hereby give consent for Lawrence Public Schools to receive and exchange the following information, and records pertaining to the education, health (including mental health) of my child with the following agency/medical professional identified below:

Agency/Medical:	
Professional:	
Address	
Attention:	Phone:

**The information to be exchanged consists of:**

- |  |   |
|--|---|
| <input type="checkbox"/> School History<br><input type="checkbox"/> Current I.E.P.<br>Summary of Evaluation/Treatment<br><input type="checkbox"/> Psychological/Educational Evaluations<br><input type="checkbox"/> Psychiatric Evaluation<br><input type="checkbox"/> Treatment Plan/Summary<br><input type="checkbox"/> Discharge/Transfer Summary<br><input type="checkbox"/> Medical History | <input type="checkbox"/> Medication Management Information<br><input type="checkbox"/> Most recent physical examination<br><input type="checkbox"/> Report of Clinic/Emergency Room visits<br>for the following date(s) _____<br><input type="checkbox"/> Other:<br><input type="checkbox"/> Other:<br><input type="checkbox"/> Other |
|--|---|

**Authorization**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ (date).  
 I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent Signature:	Date:
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Student Signature:	Date:
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\*If a minor student is authorized to consent to healthcare without parental consent under federal or state law, only the student shall sign this authorization form. A competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.