



2023 – 2024 School Year

Authorization for the Release of Information for Upper School Students

The purpose of this authorization is to enable effective communication between appropriate school personnel and the named physician/clinic so as to better meet your child's health needs in relation to their school work.

Student Name: _____ Grade: _____ DOB: _____

Parent/Guardian Name: _____ Cell Phone: _____

Address: _____ Email: _____

I authorize Mounds Park Academy to release and/or obtain information from:

Physician: _____ Clinic Name: _____

Clinic Address: _____

Phone: _____ Fax: _____

The following information may be disclosed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Test Results | <input type="checkbox"/> Education Assessments |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Admission/Discharge Summaries | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Clinic Visit Notes | <input type="checkbox"/> Entire Medical Record | <input type="checkbox"/> Other: _____ |

Statement of Authorization:

- I understand that this authorization takes effect the day that I sign it and expires one year from the date of my signature.
- I understand that I may revoke this authorization at any time by giving written notification.

Signature of Parent/Guardian: _____ Date: _____

Return form to:

- ____ Mark Segal, Upper School Director
- ____ Jay Dean, Upper School Assistant Director
- ____ Ashley Cooper, Counselor for Grades 7 - 12
- ____ Jodi Hurley, ISD 622 Counselor for Grades 7 - 12
- ____ Liz Schwalen, Upper School Learning Specialist

**Mounds Park Academy 2051 Larpenteur Avenue East St. Paul, MN 55109
Fax: (651) 777-8633 Phone: (651) 777-2555**