

Medical Authorization Release (MAR)

CALIFORNIA DEPARTMENT OF EDUCATION
STUDENT HEALTH UNIT

Phone: 510.794.3747 VP: 510.344.6111 FAX: 510.794.240

California School for the Blind
 500 Walnut Avenue
Fremont, CA 94536

California School for the Deaf
 39350 Galluadet Drive
Fremont, CA 94538

Authorization for Medical Care and Treatment

In case of injury or sudden illness to my child, I hereby authorize the Superintendent (or a person designated by the Superintendent) to obtain all medical and surgical care he/she deems necessary, to render, at my expense, immediate medical care or emergency surgery for my child's health or safety; including the need for diagnostic tests and routing medical care to my child by the Student Health Unit of the school. *Students participating in school related activities may have their medication administered to them by the nurse or other designated school personnel. CA Ed Code 49423.*

Release of Information

Parent/Guardian signature authorizes the disclosure of individually identifiable health information and student records in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and Individuals with Disabilities Education Act (IDEA), which pertains to the Privacy and Security of Protected Health Information and Student Records Information.

Student's Name: _____ Date of Birth: _____

Grade: _____ Day or Residential? _____ City of Residence: _____

Parent/Guardian/Adult Student: _____

Is there a legal custody agreement regarding this student, **please check one:**

Joint Custody Sole Custody Guardian

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address (with Person's Name and relationship): _____

Emergency Phone (with Person's Name and relationship): _____

Insurance	Policy, Group or Card Number	Issue Date

Please list all allergies your child has. Tell us what the reactions are, if known. If no allergies, please state NONE.

Signature of Parent, Legal Guardian or Student if 18 years or older

Date