



FINLEY SCHOOL DISTRICT #53

ALL KIDS ACHIEVING

Authorization for Exchange of Medical Information

Section I – INFORMATION REQUESTED FROM		
Name/Agency:	Name/Title of Person Disclosing Information:	
Address:	Phone:	Fax:
Student's Name:	Birth Date:	Today's Date:
Specific nature of information to be disclosed (diagnoses, medications, treatments, assessments, testing results, other information as applicable to student's participation in school, including):		
Section II - AUTHORIZATION		
I hereby authorize the release of medical information as described above to the individuals who are affiliated with the school/agency indicated in Section III.		
This authorization expires 90 days after the date it is signed. This authorization expires on _____		
Parent Signature _____ Date _____		
Student Signature* _____ Date _____		
*If the student is a minor but is authorized to consent to health care without parental consent under federal and state law only the student shall sign this authorization form.		
Student's Consent: HIV AIDS status, diagnosis, treatment – 14 years of age Family Planning/Abortion – no age limit Alcohol/Drug treatment - 13 years of age Mental Health Services – 13 years of age		
Section III – AGENCY RECEIVING INFORMATION		
Please check the school receiving information:		
<input type="checkbox"/> Finley Elementary 213504 E Cougar Rd Kennewick WA 99337 509-586-7577 FAX 509-586-8239	<input type="checkbox"/> Finley Middle School 37208 S Finley Rd Kennewick WA 99337 509-586-7561 FAX 509-582-8452	<input type="checkbox"/> River View High School 36509 S Lemon Drive Kennewick WA 99337 509-582-2158 FAX 509-586-9297
Name of School Nurse: Jessica Torres, RN		Name of School Counselor:
Name of Other (indicate position title):		

This information disclosed to you is protected by state and federal law. You are prohibited from releasing it to any agency or person not listed on this form without specific written consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient. See chapter 70.02 RCW.

Envelope shall be marked "CONFIDENTIAL"

Finley School District 224606 E Game Farm Rd Kennewick WA 99337 509-586-3217 FAX 509-586-4408

www.finleysd.org

Revised: 6/12/23