

## Authorization to Receive/Release Medical and Academic Information for Homebound Services (Form D)

<b>Student Information:</b>				
<b>Student Name:</b>		<b>Gender:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Date of Birth:</b>		<b>Address:</b>		
<b>City:</b>		<b>Zip Code:</b>		
<b>Phone #:</b>		<b>Email:</b>		
<b>Parent/Guardian Name: (Print)</b>				
<b>Physician/Psychiatrist/Clinical Psychologist Information:</b>				
I do hereby authorize the Cumberland County School System to release records/information to and obtain records/information from:				
<b>Physician's Name: (Print)</b>				
<b>Phone #:</b>		<b>Fax #:</b>		
<b>Address:</b>		<b>Email:</b>		
<b>City:</b>		<b>Zip Code:</b>		
<b>In order to evaluate the need for Homebound Services, it is important to obtain the following information:</b>				
	Physical Exam		Psychiatric Evaluation	Psychosocial Evaluation
	Neurological Exam		Psychological Evaluation	Lab Test/Results
	Discharge Summary		Treatment Plan	Verbal Communication
	Any and All Information Pertinent to the Child's Care		Other	
<b>Please include diagnosis, date(s), seen by physician(s), treatment and progress, prognosis and recommendations for handling this student's health needs at school.</b>				
<b>As the parent or legal guardian of the above named student and by my signature below, I authorize the current school/district of enrollment, Cumberland County Schools and the treating physician, and/or licensed psychiatrist/licensed clinical psychologist, to release and exchange medical and/or academic information relative to the above named student. The information received will be used only to assist the Cumberland County School System in determining eligibility, appropriate services, academic needs, and transitions between educational sites for the above named student. All information obtained will remain confidential and be available on a need-to-know basis to those individuals who are involved in providing for your child's health and educational needs.</b>				
<b>Parent/Guardian Signature:</b>				
<b>Date:</b>				