

Portage Township Schools

Health Services

6450 U.S. Highway 6

Portage, IN 46368

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Patricia Olson, R.N.

HEALTH SERVICES DIRECTOR

**MANDATORY ANNUAL STUDENT HEALTH CONDITION UPDATE
AND**

RELEASE OF INFORMATION

(Parent & Physician Signatures Required)

Dr. _____

I hereby authorize the release of all medical information pertaining to the diagnosis listed below, to the Portage Township Schools regarding my son/daughter _____ date of birth _____. It is my understanding that such information is to be kept confidential and will only be used to assist the school in making the necessary health care provisions during the school day.

Signature: Parent or Guardian

Date

Please include only the necessary information regarding the patient's current medical condition and how this condition may impact on the student's school day.

Current Medical Dx: _____

Current Medications: _____

Activity Restrictions: _____

Physician Recommendations: _____

Physician's signature

Date

Pat Olson Rn

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