**Release of Information**

I hereby authorize Excel Academy Charter School to share and/or request any and all records, data or information determined to be relevant to the education of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with the Commonwealth of Massachusetts Department of Education, any other schools and school systems in which my child has previously been enrolled, and any governmental departments, health or social service providers, or other offices whose activities bear directly on the programs or services with which my child is provided at Excel Academy Charter School. I understand that all such information will be kept strictly confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Media Release & Student Displays

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,the undersigned parent and/or legal guardian , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** a Minor, do hereby consent to Excel Academy Charter School to record, film, photograph, interview, and/or publicly exhibit, display, distribute or publish my child’s name, appearance and spoken words, whether undertaken by school staff, students, or anyone outside the school, including the media. I agree that the school may use, or allow others to use, those works without limitation or compensation. I give this consent on my own behalf, on behalf of the Minor, and on behalf of the respective heirs, executors, administrators and assigns of ourselves and said Minor (hereinafter collectively the "Releasors"), do release, discharge and covenant to hold harmless Excel Academy Charter School and any and all of its present and former agents, servants, employees and staff (hereinafter collectively the "Releasees") of and from all demands, causes of action, suits, claims, demands and liabilities whatsoever, both in law and in equity, which the Minor or any of the Releasors now has or hereafter may acquire, either before or after the Minor has reached his/her majority, against any of the Releasees, resulting from his/her participation in school-related media, exhibits and displays.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name & Grade

**Excel Academy Charter Schools**

**Parent/Guardian Contact Information Release Form**

By signing below, I grant permission to Excel Academy Charter Schools (the “School”) to release my name, address, phone number, and email address (as parent(s) or guardian(s) of student(s) at the School) to Friends of Excel Academy Charter Schools, Inc., a non-profit organization established to support the work of Excel Academy Charter Schools.

I understand that I can revoke my permission through written notice at any time. I also understand that this permission to release my information will last until I provide written notice that I rescind my consent to release my information.

Questions about this release policy may be directed to the School’s Managing Director of Finance and Operations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Parent/Guardian Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name & Grade

Records Release Form

Prior to the enrollment of your child at Excel Academy Charter School, we need your child’s student records from his/her current school.

*I hereby request that my child’s current school provide a complete copy of my child’s student record as defined in 603 CMR 23.00 et seq. to Excel Academy Charter School, where my child will be enrolled. This record should include but is not limited to the cumulative record, all disciplinary information (e.g. incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act) MCAS and Stanford 9 scores, and any files related to Special Education, Bilingual or ESL or health services.*

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School’s Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_ Check here if your child is not currently enrolled in a school and does not have any school records. Please include any additional information (such as home-school plans).

**Authorization for the Exchange of Educational and Health Information**

**Patient/Student Name**: **Date of Birth**:

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Authorization

This authorization is valid for one calendar year. It will expire on June 30th of the next academic year. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. By agreeing to allow communication between the Health care provider and designated school health I also understand that if I refuse to sign, such refusal will not interfere with my child’s ability to obtain health care.

 **Parent Signature** **Date**

 **Student Signature\*** **Date**

\*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Massachusetts, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

*The purpose of this form is to facilitate communication between a school nurse and/or school counselor, and the child’s Health care provider, for the purposes of optimizing the student’s learning experience. The school nurse may share information provided in this medical report with appropriate members of the educational and support team for use in meeting the student's health, safety and educational needs. This will be done on a “need to know” basis, in a confidential manner and may also include communication between health provider and school nurse to facilitate this process. Likewise, the medical provider may share information with the hospital or clinical team. Only those areas listed below will be shared.*

**What information will this allow the Health Care Provider to share with the School?**

All components of the student’s medical record, including notes from sick and well visits, immunization records, current prescriptions and medications, allergies, physical or mental health diagnoses or conditions, injuries and any relevant recommendations or restrictions, and discharge summaries. All of the above information will be shared with the goal of optimizing the student’s learning experience.

**What information will this allow the School to share with the Health Care Provider?**

All components of the student’s cumulative educational record, including notes and logs from the nurse’s office, attendance, disciplinary, and grade records, teacher and staff observations related to student safety and well-being, and relevant special education records or evaluations (if applicable). All of the information above will be shared with the goal of optimizing the student’s learning experience.