



Derry Elementary

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION**

Phone (956)943-0073

Fax (956)943-0074

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

Requesting that you authorize the person or agency listed below to release medical information regarding the above named student.

\_\_\_\_\_  
Doctor, Health Facility, or School name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Phone Number

Please fax to: (956)943-0074

Or mail information to: Derry Health Office  
1702 2<sup>nd</sup> street  
Port Isabel, Texas 78578