

Nashua High School North Health Office

8 Titan Way Nashua, NH 03063

Fax: 603-966-2827

Kayla O'Brien, RN
School Nurse
603-966-2825



Dawna Adams, RN
School Nurse
603-966-2826

Authorization for Release of Health Information

Student Name: _____ Date of Birth: _____

I hereby authorize _____

_____ (health care provider name, address and telephone) to release health information/records to:

Nashua High School North, Health Office

Nashua High School North

8 Titan Way Nashua, NH 03063

Phone: 603-966-2825/603-966-2526 Fax: 603-966-2827

The information to be disclosed consists of (circle all that apply):

1. Immunizations
2. Physical Exam
3. Medical Conditions
4. Other:

This information will be used for the following purpose(s):

1. Continuity of care
- 2.
- 3.
4. Other:

Authorization

This information is valid for one 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 these records, once received by the school district, may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature

Date