NINOS, Inc. Head Start/Early Head Start Program
P.O. Box 189 , Rio Hondo, TX 78583
Phone: (956) 399-9944 Fax: (956) 399-9966

Health Information Authorization and Confirmation CPID: ________________

Child Name:	DOB:	Center Name:

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above student.

______________________________	______________________________
Medical Professional Personnel	NINOS, Inc. Head Start Personnel
______________________________	NINOS, Inc. Head Start/Early Head Start
Agency	Agency
Address:	**Address:**
______________________________	______________________________
______________________________	______________________________

RECORDS TO BE RELEASE/DISCLOSED: **Physical Exam** ☐ **Dental Exam** ☐ **Psychological Report** ☐

Neurologist Report ☐ **Medication List** ☐ **Lab Results** ☐ **Prescriptions** ☐ **Psychological** ☐

Yes No

____ ____ **I certify that my child has been previously examined by the above medical professional personnel and is able to participate in the program.**

____ ____ **I will provide Health Information within 45 days upon my child's enrollment, and give permission for Health Information to be confirmed by the above person(s)/agency(ies).**

____ ____ **I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive.**
(It does not negate an action that has occurred after the consent was given and before the consent was revoked.)

____ ____ **I give permission for the identified records to be release/disclosed to the above named person(s)/agency(ies).**

____ ____ **I have been fully informed in my native language or other mode of communication and understand the school's request to my consent.**

______________________________	______________________________
Parent/Guardian's Name	Relation to the Child
______________________________	______________________________
Parent/Guardian's Signature	Date
______________________________	
Name of Interpreter, if used	
______________________________	______________________________
Interpreter's Signature	Date