

Lake Station Community Schools  
Consent to Release Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

To facilitate communication and assist the schools in implementing an appropriate health plan for my child, I hereby give my consent for an exchange of information to the extent specified below among the following agencies.

\_\_\_\_ Virgil I. Bailey Elementary  
2100 Union Street  
Lake Station, IN 46405  
Fax#: 962-5222

\_\_\_\_ Alexander Hamilton Elementary  
2900 Lake Street  
Lake Station, IN 46405  
Fax#: 962-4559

\_\_\_\_ Carl J. Polk Elementary  
2460 Vermillion Street  
Lake Station, IN 46405  
Fax#: 962-4603

\_\_\_\_ Edison Jr. Sr. High School  
3304 Parkside Avenue  
Lake Station, IN 46405  
Fax#: 962-2064

Agency/Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax#: \_\_\_\_\_

Information to be exchanged:

\_\_\_\_ Medical/Health Data/Dr. Orders/Special Instructions

\_\_\_\_ All records and information may be released

\_\_\_\_ Other(specify) \_\_\_\_\_

I understand that Lake Station Community Schools are the only agencies to which this release of information pertains and that they are not to release any part of the information without my written consent. This consent will remain in effect for one school year or until written revocation of consent is received by Lake Station Community Schools signed by Parent/Guardian.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_