Belinda L. Childs, ARNP, BC-ADM, CDE
Amanda E. Ast, APRN, NP-C
Rami Mortada, MD – Collaborating Physician

834 N. Socora
Wichita, KS 67212
Phone: (316) 440-2802
Administration Fax: (316) 440-2809

Parent/Guardian Permission to Exchange Information

I hereby authorize the School Nursing Services at ____ and Belinda Childs APRN, and/or her staff to exchange pertinent information relating to health and school activities for the student named ______________________________________.

I understand this authorization will be valid from August 1st of this school year through September 1st of the following school year. I understand I will need to complete one of these authorizations every year that I wish to have the school and Belinda Childs, APRN, and/or her staff exchange information about my child.

I understand I may revoke this authorization at any time by submitting in writing a request to do so to the School Nursing Service at my child's school **and** to Great Plains Diabetes.

Name of School: ____

School Address: ____

City, State, Zip: ____

School Phone: ____

School Fax#: ____

Date School Starts: ____

____
Parent/Legal Guardian Signature

____
Date Signed

____
Printed Name

____
Relationship to Student