



CENTRAL COMMUNITY UNIT

SCHOOL DISTRICT No. 4

Consent to Share Student Medical and Confidential Information

Tonya Evans
Superintendent
815-698-2212

Student's Name: _____ Date of Birth: ____/____/____

Mrs. Dawn Oltmanns
Special Services Director
815-698-2212

I hereby give permission to release copies and/or share confidential information listed below:

Mrs. Andrea Lemenager
Chebanse Elementary
Principal and
Ashkum Early Literacy
Administrator
815-697-2642

_____ **Specific Records (checked below):**

- | | |
|-----------------------------------|---|
| _____ Medical Information | _____ Social History |
| _____ Psychological Evaluations | _____ Psychiatric Evaluations |
| _____ Speech/Language Evaluations | _____ Occupational Therapy Evaluations |
| _____ Health/Attendance records | _____ Physical Therapy Evaluations |
| _____ IMPACT Testing | _____ Copy of Physical for Athletics |
| _____ Concussion Forms | _____ Medical information related to the injury |
| _____ Test Scores | |
| _____ Other: _____ | |

Mrs. Victoria Marquis
Nash Middle School
Principal
815-694-2323

_____ **Other (Specify):** _____

Mr. Marc Shaner
Central Senior High
Principal
815-694-2321

This information is to be released between:

_____ Athletic Trainer

_____ OAK Physicians

_____ Physician: _____

Address: _____

Phone/Fax: _____

Mailing Address:
Central Community Unit School
District No. 4
P. O. Box 158
Ashkum, Illinois 60911-0158

AND **Central High School**
1134 E. 3100 N. Road, Suite A
Clifton, IL 60927
Attention: _____

J.L. Nash Middle School
1134 E 3100 N Road, Suite B
Clifton, IL 60927
Attention: _____

Physical Address:
Ashkum Early Literacy Center
203 N. Third—West Entrance
Ashkum, Illinois

Chebanse Elementary School
475 School Street, P.O. Box 8
Chebanse, IL 60922
Attention: _____

Phone: 815-698-2212
Fax: 815-698-2635
Email:
tevans@cusd4.org

I understand that this release of information is in for the ____ school year (not to exceed one year), and that I may withdraw consent for this release at any time.

Parent/Guardian/Surrogate

____/____/____
Date

Student (if 18 or older)

____/____/____
Date

IASB MEMBER