

## Required Health Insurance information

Title 19 # \_\_\_\_\_

Hawk-I # \_\_\_\_\_

Private insurance company

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/Guardian)

---

## Authorization to Access Health Records

Child's Name \_\_\_\_\_

These people are allowed to access my child's records:

School District Personnel  
Area Education Association (AEA)  
Department of Human Services (DHS)  
Public Health

Signature \_\_\_\_\_  
(Parent/Guardian)

---

## These people are not allowed to access my child's records:

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/Guardian)