

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)