



Hannibal School District #60

Student Medical Information Release Form

Student Name: _____ Date of Birth: _____

Student Home Address: _____

Telephone Number: _____

I give my permission for Hannibal School District #60 to receive and share medical records (diagnostic, testing information, etc.) for the person(s) or agency as indicated below. I affirm that I am the parent or legal guardian of the above named student. Also, I have been fully informed of the reason and need for this exchange of information. I understand that all information exchanged by these persons or agencies is confidential and will not be disclosed to any other party without the prior written consent of the parent or legal guardian except as permitted by law. A parent may revoke this release of information at any time by submitting in this request in writing to the Superintendent of School. Information exchange by these persons or agencies may be used only for education decisions for the student. The student may not have access to certain services if this release of information is not authorized.

Name and address of person(s) or agency allowed to disclose student information:

Facility/Physician:			
Street Address:			
City, State, Zip:			
Phone #:		Fax #:	

Name and address of person(s) or agency allowed to receive student information:

- Early Childhood Center
544 N. Veterans Road
Hannibal, MO 63401
Phone: 573-221-3054
- Eugene Field Elementary
1405 Pearl
Hannibal, MO 63401
Phone: 573-221-1050
- Mark Twain Elementary
2800 Bird
Hannibal, MO 63401
Phone: 573-221-0768
- Oakwood Elementary
3716 Market
Hannibal, MO 63401
Phone: 573-221-3753
- Stowell Elementary
500 Union
Hannibal, MO 63401
Phone: 573-221-0980
- Veterans Elementary
790 N. Veterans
Hannibal, MO 63401
Phone: 573-221-0649
- Hannibal Middle School
4700 McMasters Ave
Hannibal, MO 63401
Phone: 573-221-7779
- Hannibal High School
4500 McMasters Ave
Hannibal, MO 63401
Phone: 573-221-9511
- Hannibal Career & Technical Center
4550 McMasters Ave
Hannibal, MO 63401
Phone: 573-221-7971

The above requested information will be used for educational purposes.

Signature of Parent/Guardian: _____ Date: _____

Consent for release expires one year from this date, unless otherwise noted.

Signature of School Representative: _____ Title: _____

Information received by the district becomes a student record subject to the Family Educational Rights & Privacy Act (34 C.F.R. Part 99)