

Austin Independent School District



Homebound Department
512-414-0184 office
512-414-0390 fax
Jaala.smith@austinisd.org

Homebound/Hospital Services

MEDICAL – CONSENT TO RELEASE

Many times it is necessary for us to contact doctors, clinics, schools or other persons for information concerning your child in order to plan an appropriate program and individualized curriculum. This communication will help us to better understand your child's needs and approach to learning. Your signature on the following release form gives us your permission to ask for this information.

Thank you.

Jaala Smith
Homebound/Pregnancy Related Services
Homebound/Hospital Services

RELEASE:

I give my consent for _____
(Physician's or Agency's Name)

to release diagnostic and prognostic information to the Homebound/Hospital Services of
the Austin Independent School District concerning _____.
(Student's Name)

(Parent / Guardian Signature)

(Parent / Guardian Printed Name)

(Date)

(Relationship to Student)