Steven F. Hirsch, MD, FAAP
Board Certified Pediatrician

ph: 301.990.3030
fax: 301.990.6767

shirsch@hirschpediatrics.com
www.hirschpediatrics.com

AUTHORIZATION FOR COMPLETING SCHOOL/CAMP FORM

I hereby authorize the use and disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and is revocable by me in writing, except as described in our Notice of Privacy Practices. Any health information disclosed by Hirsch Pediatrics pursuant to this authorization may be subject to redisclosure by the recipients and may no longer be protected by the Federal privacy regulations. Hirsch Pediatrics may not condition treatment, payment, enrollment or eligibility for benefits on whether you sign this authorization. ***This will expire in one year unless otherwise specified or revoked.***

Persons/organizations (School or Camp) who may receive information: _____

_____

Purpose of information use or disclosure: *To allow my child to participate in School/Camp activities*

_____

Specific information to be used or disclosed (check one): _____

☐ *All relevant medical information needed to complete the form*

☐ *Limited information to include only those boxes checked*

☐	Date of birth	☐	Relevant past medical history
☐	Last physical Exam	☐	Lab results such as lead, CBC, Urine
☐	Current Medical Problems	☐	Vision and hearing screen results
☐	Immunizations	☐	Allergies
☐	Scoliosis	☐	Current and as needed medications

Other pertinent medical information to be included: _____

_____

Please indicate any information you do not want put onto the form: _____

_____

When the forms are available, please (check one):

☐ *notify me at the following telephone number:*

☐ *fax the form to the following location / number:*

☐ *mail the form(s) to the following address:*

Date	Signature of Legal Guardian (or patient)	Print name of Legal Guardian (or patient)
	Patient(s) Name(s)	**parent** Relationship to Patient