



SCHOOL DISCLOSURE FORM

This referral is a recommendation for any student who is in violation of the Student Discipline Policy for a first time fire related incident in our school district. We encourage the student and parent/legal guardian to participate in the Straight Talk Fire Safety Education Program held at the Hurley Medical Center.

SCHOOL CONTACT INFORMATION

School Personnel: _____
School Name: _____
Address: _____
City: _____
Phone: _____
Fax: _____

HOSPITAL CONTACT INFORMATION

Straight Talk Program Coordinator: _____
Hospital Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____
Fax: _____

DISCLOSURE AUTHORIZATION

I, _____ (Parent/Legal Guardian) hereby authorize said named School _____, its director or designee, to release information to the above named hospital and Straight Talk Program Coordinator regarding said named child _____. The intent and nature of this information will concern my child's attendance, progress, services received and recommendations for additional services when deemed necessary. The purpose of this disclosure is to allow the above named agencies and persons to exchange information.

Signature of Parent/Legal Guardian

Date

Signature of Authorized School Personnel

Date