



**Authorization to Obtain Records**

I authorize the following persons and organizations to furnish Promesa Public Schools, and its representatives, any and all information that is required by Promesa Public Schools regarding my child, including, but not limited to, medical information, mental health information, school and educational records, social service records, and opinions relative to my child's health, education, or personal business, whether past, present or future:

1. Schools and educational institutions.
2. Health care providers, including physicians, psychiatrists, psychologists, therapists, dentists, pharmacists, social workers, medical technicians, clinics and hospitals.
3. Social services and public or private assistance programs.

I understand that these records will be used by Promesa Public Schools for the purpose of developing a comprehensive educational plan for my child. The purpose of the disclosures is to facilitate evaluation, provide necessary services, and coordinate school transitions for my child.

Notice: Privacy laws, including HIPAA, may no longer protect information used or disclosed on the basis of this authorization. Therefore, it is possible that the information could be re-disclosed by the recipient. You may refuse to sign this authorization and Promesa Public Schools will not retaliate or discriminate against you because of your refusal to sign. You have the right to inspect and obtain a copy of the information to be disclosed. You may also receive a copy of this authorization for your records. This authorization shall be in force and effect until one year from date of execution, at which time this authorization expires.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Conditions of Authorization for All Consents**

**I understand that I may revoke any or all authorizations provided herein, in writing, at any time, by providing the revocation notice, in writing, to the Principal. Revocation will become effective on the date the notification is received by Promesa Public Schools and will not apply to any actions that have already been taken in response to this authorization. All consents, unless revoked sooner, will expire one year from the date this document is signed, as reflected below.**

**I expressly agree that this Release is intended to be as broad and inclusive as permitted by law and that if any portion of this Agreement is found to be invalid, the rest will continue in full legal force and effect. This Release contains the entire agreement between the persons named below and Promesa Public Schools. I understand the Release in its entirety and am signing voluntarily.**

**I agree that I have signed the consents on this form in exchange for my child's participation in services provided by Promesa Public Schools. Additionally, my signature affirms: (1) that I have read this document and have been offered a copy of this document; and (2) that the parent/guardian identified in this form is the parent or legal guardian of the student identified in this form.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



**Extracurricular Activity Permission**

I hereby grant permission for my child to participate in extracurricular activities associated with Promesa Public Schools. All Promesa Public Schools rules and policies shall apply during participation in any extracurricular activity.

I fully recognize that there are dangers and risks inherent in the participation in certain extracurricular activities. I understand that my child's participation in extracurricular activities is voluntary and not required by Promesa Public Schools.

I hereby release the Parties Released from and against any and all liabilities to my child for any and all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, which my child may sustain or suffer during or arising out of participation in extracurricular activities sponsored by Promesa Public Schools, whether caused by the acts or omissions of the Parties Released.

I agree to defend and indemnify the Parties Released from and against any liabilities, losses, damages, expenses (including attorney fees), claims, judgments, actions or causes of action brought as a result of my child's participation in any extracurricular activity and to reimburse them for any such expenses occurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release for Supervision**

I understand that my child could work with staff or volunteers that may be pursuing counseling degrees, professional licenses or other certifications ("Supervised Staff"). I understand that Supervised Staff may be gaining required experience by providing services to my child under supervision of other licensed professionals ("Supervisors"). I consent to the release of information to Supervisors for supervision purposes. I understand that Supervisors are under the ethical and legal guidelines which require information about the services provided to my child to be treated as confidential.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_