

Aiken County Public Schools

## Medical Report

### TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

We are seeking medical information about this student for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by \_\_\_\_\_ Date \_\_\_\_\_

*Name and Title*

---

### CONSENT FOR RELEASE OF INFORMATION

Name of Physician \_\_\_\_\_ City, State \_\_\_\_\_

I give consent for the information requested on this form, to be released by the physician named above, to Aiken County Public Schools. I also give consent for the person making this request to contact the physician by phone if there are questions about the information contained on this form. I understand that my consent will expire one year from the date of my signature, or earlier if I request. I understand that I may revoke this consent at any time. I understand that this information will only be disclosed to Aiken County Public Schools personnel who have a reason to access it for the purposes of record keeping and/or for determining this child's educational needs.

\_\_\_\_\_  
*Signature of Parent/Guardian/Student (if age of majority)*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

---

**TO THE EXAMINING PHYSICIAN:** Please complete this form and return it by mail or fax as soon as possible. This information will be maintained in strictest confidence. Aiken County Public School District abides by the limitations and regulations of the Family Educational Rights and Privacy Act (FERPA.) To obtain a copy of this document, please call (803) 641-2621.

1. What are the student's current diagnoses? (Please include ICD codes) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the student's current health and/or physical status? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What medical treatments are currently prescribed for this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone Number*

**Return completed form to:** Fax \_\_\_\_\_ Address \_\_\_\_\_