The Brent Woodall Foundation for Exceptional Children
MEDICAL INFORMATION AND RELEASE

Child Name _____DOB _____ Height _____ Weight _____lbs.
Diet Specifications _____ Allergies _____
Communication ☐Verbal ☐Minimally Verbal ☐Non-verbal ☐Gestural ☐Communicates w/AAC system
Behavioral Concerns ☐Aggression to others ☐Self-injury
Diagnoses: _____

Please list all current prescription and over the counter medications, and vitamins/supplements:

Medication/Vitamin/Supplement	Dosage	Purpose	Prescribing Physician

Emergency Contacts - In case of an emergency please contact parents, then the following (in order)
1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Parent/Guardian Name_____ Email _____
Address _____City _____ ST____ Zip _____
Please provide main contact phone # for Mom _____ Dad _____

I give permission to the Brent Woodall Foundation to administer First Aid/CPR to the child if an emergency situation arises and to provide necessary information to First Responders:

_____ _____ _____
Parent/Legal Guardian Signature **Date** **Relationship to Child**

AUTHORIZATION TO RELEASE THERAPEUTIC INFORMATION

I hereby authorize the Brent Woodall Foundation to release and discuss the child's confidential information with the following (please list name, phone#, and if a family/friend the relationship):

☐3rd Party Funding Sources (Insurance Companies, Health Plans and Grant Organizations)
☐Child's School _____
☐Other Providers _____
☐Family/Friends _____
☐I do not give my permission to release information to anyone other than the 3rd Party Funding Sources

I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization and understand that prior actions taken in reliance on this authorization by entities that had permission to access this health information will not be affected.

_____ _____ _____
Parent/Legal Guardian Signature **Date** **Relationship to Child**

***Future Quarterly Review**: I have reviewed all of the above information and verified it is current as of:*
Parent/Legal Guardian Signature _____ *Date* _____
Parent/Legal Guardian Signature _____ *Date* _____