



Authorization for Student Information

Child's Name: _____ Date of Birth: _____

I hereby authorize representatives from _____ school to engage in verbal, written, or electronic communication on behalf of my child with Hospice of Citrus and the Nature Coast Herry's Kids Pediatric Services. I am aware that this information will be strictly confidential and will be used in my child's best interest in order to provide the most appropriate clinical and educational management.

The following information may be exchanged:

- Health and Medical Records
- Individual educational plans
- Other

I understand this authorization will remain in effect for the current academic school year, and I may withdraw this authorization by written notification at any time within this period.

I certify that I am the legal guardian of the above named child, or that I am a student of majority age, and have the authority to sign this release.

Parent/Guardian

Date

Witness

Date

* A photocopy of this Release of Student Information shall be as valid as the original.



Parent Release Form

I, _____ authorize my child(ren) to be seen by a Children's Grief Specialist from Hospice of Citrus and the Nature Coast.

I understand that these services may be provided at home, in school or at our office. I authorize the Children's Grief Specialist from Hospice of Citrus and the Nature Coast to make arrangements with my child's/children's school to release them during an elective class to participate in grief services.

Child's Name: _____

School: _____

Grade: _____

Child's Name: _____

School: _____

Grade: _____

Child's Name: _____

School: _____

Grade: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

Children's Grief Specialist: _____ Date: _____

Hospice of Citrus and the Nature Coast
PO Box 641270 Beverly Hills, FL 34464
Toll Free 866-642-0962



Hospice of Citrus and the Nature Coast
Herry's Kids Pediatric Services
Grief Services Referral Form



Date: _____ School: _____

Guidance Counselor: _____

Child's Full Name: _____

Grade: _____ Sex: M _____ F _____

Parent/Guardian: _____

Phone: _____ Does the parent know we will be calling? Y _____ N _____

Child's Full Name: _____

Grade: _____ Sex: M _____ F _____

Parent/Guardian: _____

Phone: _____ Does the parent know we will be calling? Y _____ N _____

Child's Full Name: _____

Grade: _____ Sex: M _____ F _____

Parent/Guardian: _____

Phone: _____ Does the parent know we will be calling? Y _____ N _____

Child's Full Name: _____

Grade: _____ Sex: M _____ F _____

Parent/Guardian: _____

Phone: _____ Does the parent know we will be calling? Y _____ N _____

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