STATE OF CONNECTICUT - DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I authorize the Wilderness School to disclose/obtain the information indicated below pertaining to (please print or type)_

Student Name _____ Date of Birth _____

To/From (Name of Referring Agency)_____

_____

This authorization covers information files and records even though such are considered confidential by the source, i.e. schools, doctors, or hospitals and includes, but is not limited to, juvenile or adult court records, police records, psychiatric records, medical records (including HIV-related information), and reports from the Wilderness School.

This consent to disclose/obtain may be revoked by me by a written request at any time. This consent expires upon completion of the three-phase (Orientation, Expedition, and Follow-up) Wilderness School program

Confidentiality of records is required by Connecticut Statutes, Chapter 320, Section 17-431. Therefore, the received information shall not be transmitted to a third party without prior consent or other authorization as provided in the statutes.

Pursuant to Connecticut Public Act 89-246, parties to whom this information is disclosed will be informed:

This information has been disclosed to you from records whose confidentiality is protected by State Law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is not sufficient for this purpose.

_____
Student Signature Address Date

_____
Witness Signature (Referring Agency) Title Date

Parent signature mandatory for students under 16. Parent signature advisable for students over 16.

_____
Parent/Legal Guardian Signature Relationship Date

_____
Parent/Legal Guardian Signature Relationship Date

_____
Witness Signature (Referring Agency) Title Date