



# LCPS Form JLC-E1: Health Services Permission for Mutual Exchange of Information

Anyone using this form shall, without exception, contact the school nurse. This form is available only from the school nurse, and is not to be duplicated.

Student: \_\_\_\_\_ Parents: \_\_\_\_\_

DOB: \_\_\_\_\_ Requested by: \_\_\_\_\_

School: \_\_\_\_\_ Provider: \_\_\_\_\_

## Information Requested and Purpose:

\_\_\_\_\_  
School Nurse Signature Date

\_\_\_\_\_  
Administrator Signature Health Services Department Director Signature P.O.#

## Report of Examination

Diagnosis:

Current Medications:

Recommendations to School:

\_\_\_\_\_  
Physician's Signature Date

I hereby authorize the mutual exchange of information regarding my child between LCPS and \_\_\_\_\_ for the reason stated above.

**\*\*This form is valid for one calendar year from date signed by parent/guardian unless otherwise indicated on this form and/or revoked in writing by parent/guardian.**

\_\_\_\_\_  
Parent's Signature Date

Please Return To: Health Services Dept. May be faxed to a dedicated line  
Las Cruces Public Schools Fax: 575-527-5886  
505 S. Main St., Suite 249  
Las Cruces NM 88001