

Parent/Guardian Consent to Share Information for Purposes of Billing Public Benefits and Insurance

- I **give** my child's school permission to share my child's education and health-related information in order to bill for health-related educational services in connection with the conduct of the evaluation performed and/or the IEP AND to bill for those services.

- I **do not give** my child's school permission to share my child's educational and health-related information in order to bill for health-related educational services.

Name of School

Medicaid ID Number

Student's Full Name

Date of Birth

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

****PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL****