



# Mālamalama Waldorf School

HC 3 Box 13068 • Kea'au, Hawai'i 96749-9220  
Phone (808) 982-7701 • Fax (808) 982-7806  
info@hawaiiwaldorf.org • www.hawaiiwaldorf.org

## Consent for Release of Information (Healthcare Provider)

### Parent/Guardian Instructions:

- ❖ Please complete this form and return it to the school office if you would like us to receive health records directly from your child's Primary Care Physician..

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Records Requested from healthcare provider:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

=====  
**Dear Healthcare Provider Official,**

The above named student: \_\_\_\_\_ is in the **process of enrolling or is enrolled** at Mālamalama Waldorf School.

The school office may require access to my child's health records, specifically those related to vaccinations, TB clearance, and medical exams.

Kindly submit my child's:

- Student's Health Record (DOE Form 14)
- Early Childhood Health Supplement
- Vaccination records
- TB clearance

Please forward the records to the address or fax number provided above as soon as possible.

With parental permission from:

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your immediate attention to this request.

If you have any questions, please call Mālamalama Waldorf School at (808) 982-7701 or email us at info@hawaiiwaldorf.org