



**PRIVACY WAIVER FOR  
REVIEW & RELEASE OF STUDENT MEDICAL RECORDS**  
(For children with exceptional medical conditions only)

I, \_\_\_\_\_, do hereby authorize and release my child's school, Milpitas Christian Schools, Inc., to review and disclose the attached documents and information pertaining to my child's medical history, present condition and any current or future medications, treatments, or any other type of medical care my child may require.

I hereby fully release, discharge, and hold harmless MCS and its employees, agents, insurers, representatives, officers, and directors from and against any and all liability, claims, and causes of action for any intentional or unintentional release of medical information contemplated herein, and promise not to bring suit, or commence any legal proceeding against MCS arising out of or in any way connected with any intentional or unintentional release of medical information contemplated herein.

I am also aware that depending on the situation for which disclosure is sought, my child's medical information may have to be transmitted to undisclosed third parties and that I hereby waive my rights to privacy with respect to such healthcare information and do hereby release Milpitas Christian Schools, Inc. with respect to the transmission of such information to any third party if necessary.

I have fully read and understand the entire contents of this release and waiver and sign it voluntarily without any threat or fear of retaliation of any kind from Milpitas Christian Schools, Inc., any individual, or third party.

Name of Parent: \_\_\_\_\_  
Please Print

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
Please Print

Name of Witness: \_\_\_\_\_  
Please Print

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_