



DISCLOSURE AUTHORIZATION
Please note new telephone numbers



For child named: _____

() School: This referral is a recommendation for any student who is in violation of the Student Discipline Policy for a first time fire related incident in our school district. We encourage the student and parent/legal guardian to participate in the Straight Talk Fire Safety Education Program held at the University of Michigan Hospital

() Fire/Police Department: This referral is a recommendation for a child who has had a fire related incident in our community. We encourage the child and parent/legal guardian to participate in the Straight Talk Fire Safety Education Program held at the University of Michigan Hospital.

() Agency: This referral is a recommendation for the child and parent/legal guardian to participate in the Straight Talk Fire Safety Education Program held at the University of Michigan Hospital.

AGENCY CONTACT INFORMATION

Personnel name: _____

Agency/Department/School name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____

HOSPITAL CONTACT INFORMATION

University of Michigan Hospital
UH 1C435
1500 East Medical Center Dr.
Ann Arbor, MI 48109-5033

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Injury Prevention Education Specialist
Straight Talk Program Coordinator
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Sue Polan
Development Events Specialist
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DISCLOSURE AUTHORIZATION

I, _____ (Parent/Legal Guardian) hereby authorize said named Agency/School/Fire Department/Police Department _____, its director or designee, to release information to the above named hospital and Straight Talk Program Coordinator regarding said named child _____. The intent and nature of this information will concern my child's attendance, progress, services received and recommendations for additional services when deemed necessary. The purpose of this disclosure is to allow the above named agencies and persons to exchange information.

Signature of Parent/Legal Guardian Date

Signature of Agency Personnel Date