

**Additional Registration Information**

**CONSENT FOR RELEASE OF INFORMATION**

For release of information to access Mass-Health Reimbursement for Health Related Support Services

SCHOOL DISTRICT: Wrentham Public Schools

Our school district continues to participate in a system whereby the Federal Government's Medicaid program reimburses local school districts for a portion of the costs of health-related special education services provided to Medicaid eligible children. Your child continues to receive services at no cost to you under this system. This initiative simply helps us maximize federal funds in support of local education, as well as offset some of the costs of special education paid for by the local property tax. The information you voluntarily provide by completing this consent form will only be used for the purposes identified. Our district has contracted the services of MSB to confidentially administrate our Medicaid Program.

Parent/Guardian: \_\_\_\_\_

Student's Official Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Student Medicaid Number: \_\_\_\_\_

Student's Date of Birth: \_\_ / \_\_ / \_\_\_\_ (MM/DD/YYYY)

As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal Medicaid administration representatives for the sole purpose of claiming MEDICAID reimbursement for health related support services in my child's Individualized Education Program (IEP). The IEP for the school year \_\_\_\_/\_\_\_\_ indicates that mychild will receive the following services at the following frequency and duration:

Program	Maximum Claim Potential
Municipal Medicaid Direct Service Claiming	1 claim per school day

This permission is authorized now and in the event that my child becomes eligible in the future for purpose of the release of information relative to the above services. I also understand that if I refuse to consent to the release of this information, my refusal does not relieve the school district of its responsibility to provide the above IEP ordered services at no cost to me. (34 C.F.R. § 300.154 (2006))

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO/VIDEO AUTHORIZATION**

If you do not want your child photographed or videotaped, please submit a letter in writing to:

Colleen C. Wagstaff, Delaney Principal  
Wrentham Public Schools  
120 Taunton Street  
Wrentham, MA 02093

OR

Vanessa C. Beauchaine, Roderick Principal  
Wrentham Public Schools  
120 Taunton Street  
Wrentham, MA 02093