

**AUTHORIZATION FOR SAN DIEGO FRENCH-AMERICAN SCHOOL
USE AND DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION**

- STUDENT -

CONFIDENTIALITY OF MEDICAL INFORMATION ACT (“CMIA”), CIVIL CODE § 56.11.

Pursuant to California’s Confidentiality of Medical Information Act, I, the parent or legal guardian of _____ *[INSERT NAME OF STUDENT]* (“Student”), authorize San Diego French-American School its employees, representatives, contractors, and agents (“Authorized Representatives”), to receive information regarding Student’s COVID-19 temperature and symptom screening information, COVID-19 test results, and COVID-19 vaccination status directly from me and/or Student and to use and disclose such information as set forth in this authorization.

This Authorization is Limited to the Following Types of Information:

Information regarding Student’s COVID-19 temperature and symptom screening information, Student’s COVID-19 test results, and Student’s COVID-19 vaccination status.

The San Diego French-American School is Authorized to Use this Information for the Following Purposes:

Where information regarding Student’s COVID-19 temperature and symptom screening information, Student’s COVID-19 test results, and Student’s COVID-19 vaccination status is necessary for the San Diego French-American School to make school-related decisions, (1) to comply with federal, state, or local laws, regulations, mandates, orders, or guidance related to COVID-19, including those that take a person’s COVID-19 temperature and symptom screening information, COVID-19 test results, and COVID-19 vaccination status into account; (2) to promote safe and healthy San Diego French-American School operations for

employees, students, families, and other members of the School community; and (3) to act in accordance with federal, state, or local regulations, mandates, orders, or guidance.

The Following Parties are Authorized to Disclose this Information for the Above Purposes:

The San Diego French-American School and its Authorized Representatives.

The Authorized Parties are Authorized to Disclose and the Following Parties are Authorized to Obtain This Information for the Above Purposes:

School employees who have a legitimate need to know information regarding Student's COVID-19 temperature and symptom screening information, Student's COVID-19 test results, and Student's COVID-19 vaccination status; appropriate persons where there is a health or safety emergency and the information is necessary to protect the health or safety of the Student or others; appropriate persons as required by federal, state, or local laws, regulations, mandates, orders, or guidance, and any agent, representative, or employee of San Diego French-American School, student, parent, visitor, invitee or other member of the public accessing San Diego French-American School premises or facilities, etc., who may become aware of Student's COVID-19 temperature and symptom screening information, Student's COVID-19 test results, and Student's COVID-19 vaccination status as may be impliedly or constructively disclosed by Student's action(s) or inaction(s) and/or those of San Diego French-American School or its Authorized Representatives.

Authorization Period:

The San Diego French-American School and its Authorized Representatives are authorized to use and disclose information regarding Student's COVID-19 temperature and symptom screening information,

Student's COVID-19 test results, and Student's COVID-19 vaccination status in the manner specified above through **August 31, 2022**.

Right to Receive a Copy of this Authorization:

I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, San Diego French-American School will provide me with a copy of this authorization.

I authorize the uses and disclosures of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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If Student is 18 Years of Age or Older:

Student Name	Signature	Date
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