



Parental Release Form

I _____ am the _____ of
LEGAL GUARDIAN NAME RELATIONSHIP TO CHILD

_____/_____/_____
CHILD'S NAME CHILD'S DATE OF BIRTH STREET ADDRESS, APT. OR SUITE NUMBER

CITY, STATE, ZIP CODE EMAIL PHONE

The child is in _____ grade and attends _____ in _____. Please contact
GRADE SCHOOL SCHOOL DISTRICT

_____ at (_____) - _____ - _____ or by email at: _____

CHILD HAS IEP YES NO ABSENCES THIS SCHOOL YEAR _____

I am the legal guardian of the child noted above and authorize LearnWell to obtain and exchange information with the parties indicated above for in-person academics and/or virtual academics. Additionally, I authorize LearnWell to communicate with myself, my child's school district, and the location that my child is receiving treatment at to potentially coordinate and provide additional academics and counseling.

Written Consent Received From:

NAME/RELATIONSHIP TO CHILD

Verbal Consent Given From:

NAME/RELATIONSHIP TO CHILD

Date:
_____/_____/_____

Received By:

STAFF MEMBER RECEIVING SIGNATURE

Physician's Statement

Admitted on ____/____/____ for the following diagnosis: _____

The anticipated discharge date is currently: ____/____/_____

PHYSICIANS INFORMATION

Physicians Name: _____ Type of Physician: _____

Hospital/Treatment Facility: _____ Unit: _____

Address: _____ Phone: _____

Physician's Signature: _____ Date: ____/____/_____

Please send completed forms to the following:

Email: admissions@suncolumbus.com • **Mail:** 900 E Dublin Granville Rd, Columbus, Ohio 43229 • **Phone:** (614) 796-0510