



PUEBLO OF LAGUNA  
 FIRE & RESCUE  
 PO Box 194  
 Laguna, New Mexico 87026  
 (505)552-1951



**AUTHORIZATION FOR DISCLOSURE OF COVID-19 STATUS INFORMATION**  
 (Includes Inspection/Copying of Medical Records)

NAME OF STUDENT: (Last)		(First)	(MI)	EMS Run #
BIRTHDATE (mm/dd/yyyy)	AGE	TELEPHONE		SSN Last 4 digits only
PHYSICAL ADDRESS				
THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS (Healthcare or Health Services Provider)				
<b>LAGUNA FIRE AND RESCUE, PHN, CHR</b>				
TO PROVIDE (Identity of third party or name(s) of any duly authorized representative(s))				
<b>Laguna Emergency Operations Center Command, Pueblo Governor, essential governmental service providers, public health officials, mental or physical health care providers, immediate family members, those potentially exposed to COVID-19 by my activities, and GCCS – Laguna-Acoma High School</b>				

with information about medical records, as indicated below, for the purposes of review and examination and further authorizes and requests that you provide such copies thereof as may be requested by other medical service providers or public health authorities. This authorization and request shall not extend to records for treatment of drug and alcohol caused mental illness.

By legal guardian’s initials, the undersigned authorizes access and limits the request to the records described below:

\_\_\_\_\_ Confined to the following specified information:  
 Initials **COVID-19 test results and COVID-19 related health status**

Expiration date of the authorization, if any: **May 2022**

\_\_\_\_\_  
 SIGNATURE of LEGAL GUARDIAN DATE  
 (If signed by personal representative, state reasons)