

Superior Court of Washington, County of _____
Juvenile Court

Dependency of: _____

No: _____

**Order and Authorization re Health
Care and Education**

[] Amended

(ORHCE)

D.O.B.: _____

I. Basis

The court has reviewed the record in this case and considered the need for information pertaining to the physical and mental health and the educational needs of the child in order to determine appropriate services and to provide for adequate care for the child who is the subject of this action.

II. Findings

Based on the record to date and on the court's determination that the child is in need of out-of-home placement, the court ***finds*** that authorization for release of information and for decision-making relating to the health-care and educational needs of the child should be granted.

III. Order

The court orders that:

The Department of Children, Youth, and Families (DCYF) has the right to inspect and copy all health, medical, mental health, and education records of the above named child. Where required by state and federal law, the DCYF must obtain the child's consent. Any agency, hospital, doctor, nurse, dentist, orthodontist, or other health care provider, therapist, drug/alcohol treatment provider, psychologist, psychiatrist, or mental health clinic, or health/medical records custodian or document management company, or school or school organization shall permit the DCYF to inspect and to obtain copies of any records relating to the child involved in the case, without the further consent of the parent or guardian of the child.

[] The court appointed (*Name*) _____ on (*date*) _____ to serve as the educational liaison for the child to carry out the responsibilities described in RCW 13.34.046. The educational liaison may have access to all educational records pertaining to the child involved in the case, without the consent of a parent or guardian of the child, or if the child is under 13 years of age.

The DCYF or its designee shall have authority and responsibility, where applicable, to notify the child's school that the child is in out-of-home placement; enroll the child in school; request the transfer records; attend parent/teacher conferences; excuse absences; grant permission for extracurricular activities; and complete or update school emergency contact records. After informing the child's parent, guardian, or legal custodian, unless the child's parent, guardian, or legal custodian cannot be reached, the Department shall have the authority to request and authorize evaluation of special needs, and shall have the authority to authorize medications which need to be administered during school hours and sign for medical needs that arise during school hours.

The court further authorizes DCYF or its designee to share and receive information about the child with the child's school and school district and with service providers in order to properly care for the child.

The clerk shall provide certified copies of this order at no cost to the DCYF, at its request.

Dated: _____

Judge/Court Commissioner

Presented by:

Signature

Print Name/Title

WSBA No.

Copy Received. Approved for entry, notice of presentation waived.

Signature of **Child**

☐ Signature of Child's Lawyer

Print Name

WSBA No.

☐ Signature of **Parent 1**

☐ Pro Se, Advised of Right to Counsel

☐ Signature of Parent 1's Lawyer

Print Name

WSBA No.

☐ Signature of **Parent2**

☐ Pro Se, Advised of Right to Counsel

☐ Signature of Parent 2's Lawyer

Print Name

WSBA No.

☐ Signature of **Guardian or Legal Custodian**

☐ Pro Se, Advised of Right to Counsel

☐ Signature of Guardian or Legal Custodian's Lawyer

Print Name

WSBA No.

[] Signature of Child's **GAL**

[] Signature of Lawyer for the Child's GAL

Print Name

Print Name WSBA No.

Signature of **DCYF Representative**

Signature of DCYF Representative's Lawyer

Print Name

Print Name WSBA No.

[] Signature of **Tribal Representative**

[] Signature

Print Name

Print Name WSBA No.
Lawyer for _____

State of Washington
County of _____

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) SS

I, _____ Clerk of the above entitled court, do hereby certify that the foregoing instrument is a true and correct copy of the original now on file in my office. In witness whereof, I hereunto set my hand and the seal of said court this _____ day of _____ 20____.

_____, Clerk

By _____, Deputy.