

PARENTAL CONSENT TO SHARE HEALTH INFORMATION

Dear Parents/Guardians:

As you are probably aware, laws regarding confidentiality and health information have become increasingly stringent. On the health information update that you completed, you indicated that your child has a significant health issue. In order to ensure that your child's health needs are adequately met in school, I believe it is important to share this information with the teachers who are directly involved with your child. Before I proceed with this, I must have your written consent. I have checked off the teachers and school staff I believe should be aware of your child's condition. Written information regarding your child's condition, symptoms to be aware of and action to take if a problem arises will be provided to the teachers indicated. If you do not wish for the information to be shared with anyone I have checked off, please cross that person out. This consent will remain in place during the years that your child attends \_\_\_\_\_ school. You may revoke this consent at any time.

Please return this form to me as quickly as possible so that I can update the teachers involved. Please feel free to call me with any questions.

Sincerely

\_\_\_\_\_(School Nurse) \_\_\_\_\_(Ph.)  
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Child's name \_\_\_\_\_ Health Concern \_\_\_\_\_

\_\_\_\_ Classroom teacher (Information will be available to substitute teacher as well.)

\_\_\_\_ Reading specialist/guided reading teacher (may change throughout the year)

\_\_\_\_ Art teacher

\_\_\_\_ Music teacher

\_\_\_\_ Librarian

\_\_\_\_ Physical Education teacher

\_\_\_\_ Special Education teacher

\_\_\_\_ Principal

\_\_\_\_ Classroom aides

\_\_\_\_ Lunch aides

\_\_\_\_ Other

I give my consent for the school nurse to provide the teachers indicated above written information regarding the nature and management of health concerns for my child.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date