

Visitation School Consent to Share Student Health Data

Dear Parent/Guardian,

Under federal and state law a student's health record is classified as private data. Therefore, we are asking for your written permission to release health concern information to school staff. Your signature at the bottom of this form will allow the school health services staff to share health concerns with appropriate school personnel who have direct contact with your student during the school day. Examples of these types of health concerns include, but are not limited to the following conditions: diabetes, asthma, heart conditions, seizures, side effects of medications and/or allergic reactions to food or insect bites.

Parents may choose to contact school staff who have direct contact with the student, in addition to the school health office, and inform them of student health concerns.

Thank you for your cooperation in this matter.

Sincerely,
Health Office



Please return this form to your student's school health office.

Student's Name: _____

Student's Birthdate: _____

Student's Health Concern/s: _____

My signature indicates that I have read this letter and give written consent to allow the school health office to share the above student's health concerns with appropriate school staff.

Parent/Guardian Signature: _____

Date: _____