

IMMACULATE CONCEPTION SCHOOL

Dear Parents/Guardian of _____

As part of our plan to ensure the safety of the special health needs children, The health office has compiled a list of their names and special health care need(s) for the staff and medical personnel. We will also make a poster with the photographs of the children with allergies so the staff can become more familiar with the children and therefore recognize them more quickly. We do require your written permission to share this information. (To be kept in the classrooms, in the health office, main office, staffroom and cafeteria.)

Please sign and return this form to the health office as soon as possible so this valuable tool can be put in place. Please do not hesitate to call the health office with any questions or concerns.

Thank you for your cooperation.

The health office



Student's Name: _____ Date: _____

_____ I authorize the release and exchange of medical information between the school nurse and my child's health care provider.

_____ I authorize the school nurse to share this information with members of the ICS staff who may have responsibility for my child in school or school sponsored events

_____ I give my permission to include my child on the list of special health needs children.

_____ I give my permission to include my child's photograph on the picture list of children with allergies.

_____ I DO NOT wish for my child's photograph to appear on the picture list of children with allergies.

_____ I DO NOT authorize the release of my child's medical information.

Parent/Guardian signature _____ Date _____