

METROPOLITAN SCHOOL DISTRICT OF WAYNE TOWNSHIP

HEALTH INFORMATION RELEASE TO SCHOOL PERSONNEL

Dear Parent/Guardian,

Please review the information below for your child, which you previously had given us. Feel free to add extra information or to remove any information that you do not wish to be shared with appropriate school personnel. If your child transfers from school to school within our township, the permission form will follow. **This health information release form will not be sent outside of Wayne Township Schools.**

Medical Information For _____
(Student Name)

Please check one of the following and **return it to the school nurse by** _____.

_____ I give permission to include the above medical information about my child on a confidential health findings list for school personnel.

_____ I do not want medical information on my child included on a confidential health findings list for school personnel.

(Parent/Guardian Signature)

(Date)

NOTE: You may change this information as medical conditions develop or improve. Please send changes in writing to the nurse in your child's school building.