

Saint Thomas Academy

Consent to Share Student Health Data

Dear Parent/Guardian,

In order to assure the health and safety of your child in school, it is your responsibility to share and update all health concerns with the Health Office at Saint Thomas Academy. A student's health record is classified as confidential information. Your signature at the bottom of this form indicates an understanding that will allow the school health service staff to share health concerns with appropriate school personnel who have direct contact with your child 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.

Thank you for your cooperation in this matter.

Sincerely,
Health Office, Lucy Poole, RN, MSN

.....
Student Name/Grad.Year: _____

Please list all medications that your child is currently taking: _____

Student's Health Concern(s): _____

Student's Allergies: _____

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:

HEALTH SERVICES EMERGENCY INFORMATION

Name of Student

Year of Graduation

Date of Birth

Choice of Hospital (include city and state)

List below the parent you would like contacted first in the case of an emergency.

Parent/Guardian to contact first in the case of an emergency: _____

Emergency Contact Information: Fill in two emergency contacts, *other than parent(s)*. Every attempt to reach the parent(s) at all phone numbers will be made before the emergency contact is called.

Name

Phone Numbers with area codes (2 numbers only)

Relationship to student (Grandmother, Grandfather, Aunt, Uncle, Brother, Sister, Neighbor, Friend, Other)

Name

Phone Numbers with area codes (2 numbers only)

Relationship to student (Grandmother, Grandfather, Aunt, Uncle, Brother, Sister, Neighbor, Friend, Other)

Yearly, we must receive parent permission to administer Ibuprofen or Tylenol to your son. By signing below you give the school nurse permission to distribute the recommended dosage of Tylenol or Ibuprofen to your son during the school day.

Consent for school health office staff to administer Ibuprofen or Tylenol.

Parent/Guardian Signature:

Date: