

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

Please complete or correct the following:

Student's Name: _____

Student's Date of Birth: _____

Student's Health Concern(s): _____

Student's Allergies: _____

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

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: _____

Consent for school health office staff to administer Ibuprofen/Tylenol _____
Please initial

Dose: _____ Frequency: _____

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

