



## Student Health Care Plan

### INFORMED CONSENT

- 1) I understand that my child's health information may need to be shared:
  - a) In the event of an emergency.
  - b) When necessary to accommodate the safety and well-being of students and staff.
  - c) With the discretion of the school nurse to determine what is shared and who should know.
- 2) I understand that consent for sharing of health information will remain in effect as long as the student is enrolled at Spectrum Academy and may be revoked at any time in writing by the student's parent or guardian.
- 3) I understand that if clarification of the student's health information is needed that my signature:
  - a) Authorizes the school nurse to contact your child's medical/dental providers.
  - b) Authorizes your child's medical/dental providers to release information to the school nurse.

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Signature of Parent/Guardian

Date

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Printed Name of Parent/Guardian

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Signature of School Nurse

Date