

**NORWOOD PUBLIC SCHOOLS
HEALTH OFFICE**

Dear Parents/Guardians,

All children have a right to confidentiality especially when it concerns their health records. Because of this right, pertinent medical information about your child may not be shared with school staff without **written** permission from a parent or guardian.

If your child has a medical, mental health or behavioral condition that requires treatment, medication or accommodation during the school day it is important for appropriate school staff to be aware so they may assist your child as needed.

If you could, please take a moment and fill out the form below for your child and return it to your child's school nurse as soon as possible.

If you have any questions or concerns regarding this issue, please don't hesitate to call your child's school nurse. Please remember that without this written permission, no information regarding your child's health can be released. Thank you for your cooperation.

Jill Driscoll, RN, BSN, NCSN
Nurse Leader, Norwood Public Schools
781-440-5834

I, _____ give my permission for the school nurse to share pertinent medical information about my child _____ with his/her teachers and/or other school personnel that she determines should need to know this condition. My child's medical condition/health care need is:

I **do not give** permission to the school nurse to share information _____