

**DEPARTMENT OF SPECIAL SERVICES
SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS**

Release of Confidential Health Information

Student's Name _____ Date of Birth _____
School _____ grade _____
School Year _____ Date _____
Medical Condition _____

Written medical information (Health Care Plan) regarding your child cannot be shared with the staff without the written permission of the parent/guardian. Please check off the appropriate boxes below so that the school may best meet both the medical and educational needs of your child

- A copy of The Emergency Health Care Plan regarding my child may be given to his/her:
 - teacher(s)
 - guidance counselor
 - principal
 - other _____

- I do not want the Emergency Health Care Plan distributed.

Signature of Parent/Guardian Date

**RETURN THIS FORM TO THE NURSE IN YOUR CHILD'S SCHOOL
ALONG WITH THE ORIGINAL COPY OF THE EMERGENCY HEALTH
CARE PLAN.**

Please note: General guidelines for assisting the child with diabetes, asthma, seizure disorders and severe allergic reactions are included in all staff manual.