

**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 _____

The Emergency Health Care Plan containing written information regarding your child's medical health needs cannot be shared with any staff members 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 the following staff members:

- ☐ Classroom teachers
- ☐ School Counselor
- ☐ Principal
- ☐ Food Service Personnel (For food related allergies only)
- ☐ Bus Driver (if being transported by Scotch Plains- Fanwood transportation)
- ☐ Sports (coach, athletic trainer)
- ☐ Other _____

(extra-curricular activities ie: club advisers- parent responsible for notifying nurse of these names when student joins the extra-curricular activity.)

☐ I do not want the Emergency Health Care Plan regarding my child to be distributed.

Signature of Parent/Guardian

Date

Return this form to the nurse as soon as possible along with the original signed copy of the Emergency Health Care Plan.

Please note that general guidelines for providing emergency assistance to any child with diabetes, asthma, seizure disorders and severe allergic reactions are included in all staff manuals.