

RELEASE OF INFORMATION CONSENT FORM

Patient's Last Name _____ Patient's First Name _____

Patient's Middle Initial _____ Patient's Date of Birth _____

Dear Parents,

Your child's school nurse is a valuable partner in his or her academic success. School nurses play an important role in keeping children healthy and injury-free so that they can do their very best in school. It can be helpful for parties invested in your child's wellbeing to communicate about your child's health; however, **Community Clinic does not share patient information without signed consent.**

You can choose to allow Community Clinic to inform the school district that your child is a patient by signing below. This information helps the school know how many students use the clinic, and these reports help secure funding.

Share with the school nurse that my child is a patient at Community Clinic.

You can also choose if would like Community Clinic to share visit information such as diagnosis, prescribed medications, and follow-up appointments with the school nurse by signing below.

Share with the school nurse/athletic trainer information from my child's visits to Community Clinic such as the diagnosis, prescribed medications, and follow-up appointments.

Name

Date

Signature