Dear Parents,

In the past, we have been able to contact a student's physician and their staff to clarify immunization status, medication orders or other issues related to the health of your child. Information from your child's health record that may have an effect on the learning process, (ex. Need for glasses, allergies, asthma concerns) was allowed to be communicated with the necessary school staff on a need to know basis in a strict confidential manner.

Recent legislation has been passed which prohibits us from communicating with your child's physician & staff (or them with us) and necessary school staff without your written consent.

Please read the following consent, indicate your choice, sign and return this form to the school by *August 31, 2011.*

We will provide your child's healthcare provider with the completed copy of this consent.

Thank you for your anticipated cooperation.

Janice Cushner, RN, MS, K-8
Moira Gallagher Schorr, RN, MS, K-8
Nancy Burns, RN, 9-12
School Nurses

Consent to Share Information

The school nurse has my permission to share medical information concerning my child with appropriate members of the education team for use in meeting the health and educational needs of my child. This will be done on a "need to know" basis, in a confidential manner. This includes information for communication between the health provider, medical staff and school nurse including copying relevant healthcare records to facilitate this process. ***This will be valid for the duration of the child's enrollment in Tapestry Charter School and may be rescinded by any party at any time.***

Please select one: ***ρ YES*** ***ρ NO***

Child's Name _____

Child's Medical provider (s)-please include specialists

_____ _____
_____ _____

*Provider's Phone Number:*_____

Parent signature _____