

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 information from my child's visits to Community Clinic such as the diagnosis, prescribed medications, and follow-up appointments.

Name

Date

Signature