

Immaculate Conception High School
Montclair, New Jersey

Dear Parent/Caregiver:

In keeping with the high level of health care provided by Immaculate Conception High School, we feel it is important to share medical information about your child's health and safety while in school. By signing below you give authorization to the school nurse to share in writing specified medical information with staff members *in cases of safety* or the legitimate educational interests of your child.

This information will be shared on a "need to know" basis in accordance with F.E.R.P.A. (Family Education Rights and Privacy Act) and H.I.P.A.A. (Health Insurance Portability and Accountability) confidentially laws. If you have any questions pertaining to this, please contact the school nurse in your child's school.

Student's Name: _____

Birthdate: _____ Grade: _____

Specified Medical Information that may be shared:

Parent/Caregiver Signature

Date