



Parents/Guardians:

To comply with HIPAA (privacy) legislation, students' specific medical information, provided by you to the school, may not be shared without your written permission. You may update/rescind permission at any time in writing.

Sharing of medical information with school personnel can greatly enhance your child's safety while in school. This information will be kept on file for the duration of your child's time at Immaculata High School.

Please indicate with whom information may be shared and sign and date and return.

\_\_\_\_ NURSE

\_\_\_\_ ADMINISTRATION

\_\_\_\_ TEACHERS

\_\_\_\_ ATHLETIC DIRECTOR

\_\_\_\_ SCHOOL COUNSELOR

\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature