



SBCSC

## Parent Consent to Share Student Medical Information

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_

give permission for the School Nurse to share the medical information included in this Individual Health Plan with anyone responsible for the care of my child during school hours and before and after school sponsored activities, including transportation.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_