Child and Adolescent Health Specialists, PC
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GENERAL PEDIATRICS
Jocelyn R. Healey, MD, FAAP
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Permission to share information with your child's school

Any communication between our providers and school personnel requires your consent, including faxing a copy of your child's well visit form to school. At each visit our office will provide you with copies of your child's forms which the school needs to have on file. Occasionally, you may need us to send a form directly to their school. Your written consent is needed to allow us to do this.

I hereby give permission to the providers at Child and Adolescent Health Specialists , PC to share information about my child _____, with his/her school personnel, for the purposes of documentation or treatment by school personnel, to include copies of annual physical exam, vaccination history, medication forms (if administered at school), consents or excused absences for school or sports activities.

This form will remain in effect until it is rescinded in writing or until your child turns 18 years of age. Child and Adolescent Health Specialists has the right to deny the sharing of information if in their opinion it is not in the best interest of the child and/or providing this information would compromise their relationship with the child.

EXCLUSION of any reference to: drug/alcohol usage, venereal disease, abortion, genetic testing, HIV testing, AIDS diagnosis/treatment, mental health treatment or specific learning issues will require a separate release to communicate with specific individuals.

Please list any personnel you wish to exclude from this list.

_____

_____ _____
Child's name Date of Birth

_____ _____
Signature of Parent/Guardian Date