

MUST BE RETURNED TO NURSE BY THE 1ST DAY OF SCHOOL

PARIS DISTRICT # 95 NURSE

Telephone (217)466-3140

Dear Parent/Guardian:

Privacy laws now require every parent or guardian to give written consent to share health information with appropriate school personnel for health and educational purposes and permission to receive information from health care providers regarding immunizations, physicals, and other important health issues. We may no longer give a health problems list to staff each year. Please identify below and information that may create a need for care during school or school activities within the scope of district policies. Having this information allows the district nurse to better care for your child when they come to the nurse's office. Allergies, also including those to beestings, or food products, are very important for the school nurse to have knowledge of. It is also important to notify the school nurse of any changes in your child's status, medications, or treatment during the school year. Each student must have a permission form on file with Paris District #95 so records may be obtained from other health care providers. Please sign and date at the bottom, listing any health issues of concern.

Please list any medications your child is taking at home.

Child's name: _____ Grade _____

Allergies: _____

Medications: _____

Health problem(s) I want shared with appropriate potential care givers:

1. _____
2. _____
3. _____
4. _____
5. _____

I give permission for necessary health information from a doctor, health department, hospital, clinic, etc. be released to the Paris Union District #95 to be shared with appropriate personnel for health and educational purposes as long as my child attends this school.

Signature of Parent/Guardian

Date