

Albemarle County Public Schools
Parent/Guardian Permission for Sharing Confidential Information
Contained in Health Care Plan

As the parent or guardian of the child for whom this plan has been developed I grant permission for the school nurse to share this information with the following school personnel:

_____ Any school personnel on a need to know basis

OR (Check all that apply)

_____ Classroom teachers

_____ Physical education teachers

_____ Bus drivers

_____ Cafeteria staff

_____ Coaches

_____ School Administrators

_____ Other _____

Student Name: _____

Student Signature (if appropriate): _____ Date _____

Parent Name: _____

Parent Signature _____ Date _____

“We expect success”