Saint Thomas Academy
Consent to Share Student Health Data

Dear Parent/Guardian,

In order to assure the health and safety of your child in school, it is your responsibility to share and update all health concerns with the Health Office at Saint Thomas Academy. A student's health record is classified as confidential information. Your signature at the bottom of this form indicates an understanding that will allow the school health service staff to share health concerns with appropriate school personnel who have direct contact with your child during the school day. Examples of these types of health concerns include, but are not limited to, the following conditions: diabetes, asthma, heart conditions, seizures, side effects of medications, and/or allergic reactions to food or insect bites.

Thank you for your cooperation in this matter.

Sincerely,
Health Office, Nancy Schacherer, RN, LSN nschacherer@cadets.com 651-683-1545

Student Name and Graduation Year: _____

Consent is required for all students even if there are no concerns listed.
My signature indicates that I have read this letter and give written consent to allow the school health office to share my son's health concern(s) with appropriate school staff.

_____ _____

Parent/Guardian Signature: **Date:**

Please list all medications that your child is currently taking: _____

_____

Student's Health Concern(s): _____

_____

_____

Student's Allergies: _____

_____

HEALTH SERVICES EMERGENCY INFORMATION

List below the parent you would like contacted first in the case of an emergency.

Parent/Guardian to contact first in the case of an emergency: _____

Yearly, we must receive parent permission to administer Ibuprofen, Tylenol or Tums to your son. By signing below you give the school nurse permission to distribute the recommended dosage of Ibuprofen, Tylenol or Tums to your son during the school day.

Consent for school health office staff to administer Ibuprofen, Tylenol or Tums.

Comments concerning Ibuprofen, Tylenol or Tums:

_____ _____

Parent/Guardian Signature: **Date:**