Bethel Public Schools
School Nurse Health Enrollment Form
2026-2027

Confidentiality Disclosure

Under federal law, Bethel Public Schools will hold confidential the provided information through the Family Educational Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA) of the student when applicable. Bethel Public Schools will only disclose health information with those who may be overseeing the students' care in order to provide a safe environment while attending school.

Please check the boxes below to indicate consent being given or leave blank to indicate consent not given.

Parental Consent

☐ I, the parent or legal guardian of the designated student, authorize Bethel Public Schools and their attendees to share confidential health information when appropriate, that my child may be provided a safe environment at school and/or during bus transfers.

☐ I give permission for Bethel Public Schools to contact and/or be contacted by the listed provider, who under HIPAA Privacy Rule, requires legal guardian consent to release information that may pertain to my child's medication administration and/or health condition while attending school.

☐ I authorize the Oklahoma Immunization Service to release my child's immunization records located within 'OSIIS' to Bethel Public Schools, as needed to verify my child's immunization status.

☐ I give permission for my child to receive health related screenings including vision, hearing, speech/articulation, English Language, fine motor (OT), gross motor (PT), dental designee of Bethel Public Schools which may include Oklahoma Prevent Blindness and local dentist office's free services that may also authorize interagency records

This authorization will remain in effect for the current school year and must be renewed annually to be in compliance with Bethel Public School's policy and Oklahoma State Law. Authorization may be suspended at any time by the original legal guardian with a written document signed and dated for record keeping purposes.

By signing below, I can confirm that I have read and understand the provided information and have asked questions regarding my child's eligibility and enrollment. I understand that I am responsible for notifying the appropriate school members if I believe my child has a health condition or concern that may or may not inhibit their ability to participate safely in the school environment. I can confirm that the listed information I have provided is true and correct, and is verified by my signature below.

_____
Student Name

_____
Parent/Guardian Signature Date