



ATTACHMENT 1
PRINT/COMPLETE/RETURN 1 FORM PER STUDENT GRADES K-8

2011 – 2012
PERMISSION TO SHARE INFORMATION

As you are aware, every day each of our students has contact with a variety of staff members; teachers, bus drivers, therapists, assistants, cafeteria workers, and student interns. While your child is in the care of these people, it is important that they are aware of any information that would require special considerations for his or her health and safety.

To comply with privacy laws, I am requesting your permission to share personal information about your child. This would consist of only that information deemed necessary to protect the well being of your child. Examples of information that could be shared about your child may include; known allergies, special diets or food restriction, and a history of seizures. This may be done in the form of a printed list or verbal contact with those people who will be working closely with your child. If you have specific questions regarding your child, please call me at school. As always, please feel comfortable knowing that any information you do not want shared with anyone will be kept confidential. Thank you.



PLEASE COMPLETE, SIGN BELOW AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL

Child's Name: _____

_____ **Yes,** I give permission for personal information about my child to be shared with other staff members if it will protect his/her health and safety.

_____ **No,** I do not give permission for personal information about my child to be shared with other staff members if it will protect his/her health and safety.

Parent/Guardian Signature

Date