



DELBARTON SCHOOL

PERMISSION TO SHARE INFORMATION 2010-2011

As you are aware, everyday each of our students has contact with a variety of staff members: teachers, coaches, athletic trainers, assistants, and cafeteria workers. 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 health and safety.

To comply with the privacy laws, I am requesting your permission to share personal information about your son. This would consist of only that information deemed necessary to protect your son's well-being. Examples of information that could be shared about your child may include: known allergies, asthma, diabetes, heart conditions, a history of seizures, and special diets or food restrictions. 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 your son rides the bus, it is your responsibility as the parent to speak with the bus company about any medical concern. If your son is going on a field trip, or attending an evening or weekend event at the school, please notify the faculty in charge of any specific health needs.

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.

Barbara Pereyra

School Nurse

Phone: 973-538-3231 x 3080

Fax: 973-538 8836

PLEASE COMPLETE, SIGN BELOW, AND RETURN THIS ENTIRE FORM TO THE SCHOOL NURSE

Child's Name: _____ **Date of Birth:** _____

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

Parent/Guardian Signature

Date