

Brookville Local Schools

HIPPA Form

This form is regarding your child's current health condition and the importance of sharing information with appropriate staff and/or parent chaperones on a need to know basis, such as asthma, seasonal allergies, allergies to nuts/other foods, allergies to insect bites or bee stings, and other medical concerns. **Only the information that is pertinent in maintaining the health and well-being of the student in the educational/school trip setting will be shared.** This may include, but not limited to, emergency action plans, individual health care plans, medication taken at home and school, and any medical/health concern (diagnoses) throughout the school year.

Maintaining the medical/health privacy of the students of Brookville Local Schools is a priority and is protected under **FERPA, Family Education Rights and Privacy Act** as well as **HIPPA, Health Insurance Portability and Accountability Act**. Since this is an important and sensitive issue, please check one of the options below, sign, date, and return to the appropriate clinic as soon as possible to better provide for your child.

If there are questions or concerns, please contact the school nurse at 937-833-6731, 937-833-6761, or 937-833-6796.

Thank you for your cooperation and understanding.

_____ I give permission to share health information for my child.

Student's name and condition.

_____ I **DO NOT** give permission to share health information for my child.

Student's name

Parent/guardian's signature and date.