



CROWN OF LIFE

Preschool

115 Crusader Ave
West St. Paul MN 55118
651-451-3832
651-451-7579 (fax)

Consent to Share Records

Under Federal and State law a student's health record is classified as private data. Your signature on the form will allow school health services staff to share your child's health concerns with appropriate school personnel who have direct contact with your student during the school day.

Sharing of health information provides for your child's health and safety while at school. You may refuse to sign this form and supply personal health information. There is no consequence for not providing information but it may result in an incomplete health and safety plan for your child.

Information will be shared only with staff in the school district whose job requires access to this information to ensure your child's safety and school success. (MS Section 13.04, Subdivision-2)

Student's Name

Birth Date

Student Health Concern/s

Parent Signature

Date