



RELEASE FOR TREATMENT

Student Name Date of Birth

Street City State Zip

I hereby give my permission to school personnel (Nurse, secretary, teacher, or another responsible person) for the above-named student to be given medications, treatments, and/or emergency first aid services. Lehman High School contracts with the Sidney-Shelby County Health Department for nursing services.

I understand that this information serves as:

- A basis for planning my child's care.
- A means of communication with the school personnel and the Sidney Shelby County Health Department who contribute to my child's care.

In addition, I hereby give my permission to Lehman High School and Sidney-Shelby County Health Department to release information pertaining to the above-named student to any appropriate school or agency to which such person may be referred, and I hereby release Lehman High School and Sidney-Shelby County Health Department from any liability for the same.

I also hereby give my permission to my physician, medical, dental, mental health, or social service agency to release any records concerning the above-named student to Lehman High School and Sidney-Shelby County Health Department when such records are requested by the Health Department, as long as such student is under their care.

I understand that the school nurse may need to communicate with me concerning the above-named student's medical health concern via email, text, or cell phone. I understand that the text or email will be deleted once the information/communication has been dealt with. I understand that the phone is password locked when not in use.

Finally, I understand that I have the right to revoke/withdraw this consent, in writing, at any time.

My revocation will be effective except to the extent that Lehman High School and Sidney-Shelby County Health Department had taken action in reliance on my consent for the use or disclosure of my child's health information. Provision of future treatment may be withdrawn if I withdraw my consent.

Parent/Guardian Signature Date