

SERVING STUDENTS WITH SIGNIFICANT MEDICAL CONDITIONS
Directions for Parents to Authorize Release of Medical Information

For a student with a severe, debilitating, or potentially life-threatening medical condition which may require adjustments and/or emergency response in the **school setting**, it is necessary for the Principal to have current, accurate and complete information about the student's condition.

The purpose for having this information is to determine what adjustments may be necessary to provide the student with a safe school environment and, if necessary, an appropriate emergency response. The Principal will share this information with other school personnel who interact with the student, such as classroom teachers, school nurse, school secretary, and substitute teachers, to the extent necessary for them to implement the adjustments and/or emergency procedures.

Parents (or legal guardians) have the responsibility to authorize release of this information, since medical information is protected by the *Health Insurance Portability and Accountability Act (HIPAA)*. The information should be provided in **writing** by the **Physician** who has **diagnosed** or is **treating** the student's condition, and sent directly from the Physician to the Principal.

In order for the Principal to receive and school personnel to act on medical information requiring school adjustments and/or emergency response, the parents should sign an authorization furnished by the Physician which will allow:

- the Physician to provide written information to the Principal;
- the Physician to respond to requests for additional information from the Principal;
- the Principal to request additional information or clarification from the Physician, if needed; and,
- the Principal to provide information to the Physician, if requested.

The Physician should provide a written statement which includes the following information:

- a **diagnosis** of the disease, physical disability, or medical condition;
- a description of the **severity** of the disease, physical disability, or medical condition;
- a description of medications, medical treatment, medical devices, or other interventions the student is receiving or using that pertain to the **school setting**;
- an explanation of the adjustments **necessary** for maintaining the student's health and safety on a daily basis in the school environment, distinguished from those recommended, but not required;
- a description of what **school personnel** can expect to observe when the condition is under control;
- a description of the manifestations **school personnel** would observe if the student were experiencing an abnormal or critical condition; and,
- a description of the **response** school personnel should be prepared to initiate if the student requires medical attention or other emergency procedure.

This information should be sent directly to the Principal of the student's school.

Principal Name Ms. Lois Vollmer School Name Sacred Heart School of Florissant

School Address 501 St. Louis Street

Florissant, MO 63031