

McKee Elementary
Confidentiality Release Form

April, 2008

Dear Parents/Guardians:

The issue of confidentiality regarding your child is important to the West Allegheny School District. In keeping with legislation, I am asking your permission to give written notification to your child's teachers regarding any medical condition that may require intervention while at school. Please notify me of your desire concerning any health concerns your child may have by returning this paper with the lower section completed.

Please feel free to contact me with any questions or concerns. I look forward to a successful year with your child.

Sincerely,

Mary Beth Hill, R.N.
McKee Elementary School Nurse
724-695-5265
mhill@westallegheny.k12.pa.us

STUDENT NAME _____

MEDICAL CONDITION _____

_____ Yes, I would like to have this information shared with teachers.

_____ No, I do not wish to have this information shared with teachers.

Parent Signature _____ Date _____