

## Permission to Obtain and Release Health Information

Student Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

Dear Parent/Legal Guardian:

Each school year we update the emergency contact information and any health concerns with your student. If your student should become ill or injured while under the school's supervision, the following steps will be taken on behalf of your child:

- A. If your child has a minor accident or illness, the following action will be taken:
  - i. First aid will be administered according to school-approved procedures. (*This may include the new Bellin Health Virtual Nursing option*) The district follows the injury and illness protocols developed by WISHeS: (Wisconsin Improving School Health Services Project). These guidelines can be found here:  
[https://cdn.ymaws.com/www.wpha.org/resource/resmgr/WiSHES\\_Project/Injury\\_and\\_Illness\\_Protocols.pdf](https://cdn.ymaws.com/www.wpha.org/resource/resmgr/WiSHES_Project/Injury_and_Illness_Protocols.pdf)
  - ii. Your child will be returned to class.
- B. If your child is unable to go back to class because of illness or minor injury, the following action will be taken:
  - i. Parent/guardian will be contacted and once arrangements have been made with you, your child will be allowed to leave school.
  - ii. If you are not available, the emergency contact number(s) will be called.
  - iii. If we are unable to reach you or the emergency contact, your child will be kept at school and continued attempts will be made to contact you.
- C. If your child is in need of immediate medical attention/emergency, the following steps will be taken:
  - i. First aid will be rendered immediately along with an assessment of the situation.
  - ii. **If emergency medical services are needed, EMS/911 will be called.**
  - iii. Parent/guardian will be contacted. If not immediately available, your emergency contact(s) will be contacted. The school will make continued attempts until someone is contacted.
- D. **Bellin Health Virtual Nursing Option. Please see attached flyer for more information.**

Authorization: I understand that by signing below I authorize the \_\_\_\_\_ School District to obtain and release any health records and directory data with Bellin Health. This information will be used by a licensed Bellin Health nurse during a virtual visit with your student. All information will be protected by the HIPPA Privacy Act and the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.8 -146.83.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

☐ \*\*Check this box if you do **NOT** give permission for your child to use the Bellin Health Virtual Nursing option.