

LYNN PUBLIC SCHOOLS
Welcome Center – 100 Bennett Street, Lynn, MA 01905
Telephone: (781) 592-8796 - Fax: (781) 598-3160



MEDICAL RECORDS INFORMED CONSENT FORM

SCHOOL: _____

ID: _____

D.O.B.: _____

Code: HS HM HD HDS HU

I, _____ the parent/guardian of _____

hereby give my consent for the disclosure of medical information to any and all nurse(s) and/or nurse substitute(s) employed by the Lynn Public Schools and/or City of Lynn.

Signature of Welcome Center Staff

Date

Signature of Parent/Guardian

Date

MEDICAL RECORDS PARENT INFORMATION FORM

Staff of the Welcome Center must check the immunization status of your child prior to his/her admittance to school. All medical records given to the Welcome Center staff will be forwarded to the nurse at your child's school.

As the student's parent/guardian, you are the gatekeeper of information relating to certain medical conditions. As the parent/guardian you have the right to remove any information from your child's medical record that you deem to be confidential – prior to giving Lynn School Department employees these records.

However, the Lynn Public School Department believes that in the best interest of a child with a medical condition, necessary personnel within the system should be notified, so that we work together to protect the health of your child.

As parent/guardian, I have read the above notification, and understand my rights and the information presented.

Signature of Parent/Guardian: _____

Date: _____