

**Hopewell Valley Regional School District**

Division of Pupil Services  
425 South Main Street  
Pennington, NJ 08534

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**PERMISSION TO DISCLOSE MEDICAL INFORMATION  
ON A NEED-TO-KNOW BASIS**

Dear Parents/Guardians:

Due to current privacy legislation, medical information given to the school nurse or other school personnel may not be shared with any other school personnel, even when required for emergency services, without your **WRITTEN** permission. This restriction includes information that you have shared with the district via the Internet, in writing, on the telephone or in a personal conversation.

Sharing important medical information with school personnel on a need-to-know basis can greatly enhance your child's academic performance and insure your child's safety. We encourage all parents to sign this release regardless of your child's current medical condition as important information could arise throughout the school year. Be assured that this information will be shared only on a need-to-know basis and will not be subject to general distribution.

**COMPLETE ONE FORM FOR EACH STUDENT IN THE HOUSEHOLD AND RETURN TO THE NURSE'S OFFICE.**

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Medical information provided to the district pertaining to my child **MAY** be shared with school personnel and emergency services when necessary.

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Student Name (please print)

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date