

As the parent/legal guardian, I authorize basic first aid and emergency medical treatment if necessary in the event of an accident or illness of my student. I understand that all efforts will be made to contact me in the event of an emergency. I give my permission for the school nurse to share relevant health information to appropriate school staff when needed to meet the student's health and safety needs. I give my permission to medical professional exchange information for the purpose of referral, diagnosis, and treatment with the Odebolt Arthur Battle Creek Ida Grove school nurse. I give specific permission to my health care provider to share any pertinent health information in my student's health record regarding: immunizations, administration of medications, and or educationally significant health information that may affect my student's learning and or safety at school.

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Parent/Guardian Signature

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Date