

HEALTH INFORMATION DISCLOSURE CONSENT FORM



Child's Name: _____ **Date of Birth:** _____

In order to provide the necessary care and attention to the special rights of children with allergies and/or health concerns, University District Children's Center is required by state licensing authorities to post relevant health information to be read by all staff and volunteers that come in contact with children. These postings will list all children at UDCC with allergies and/or health concerns, their pictures and classrooms and any information about allergens and/or health concerns (e.g. "Butterflies: John Smith: allergic to shrimp, peanuts and dust mites"). Such information is considered confidential and may only be accessed by staff and volunteers at UDCC. "Allergy/Health Information" postings will be kept confidential (except to UDCC staff and volunteers) by the use of a cover sheet and will only be posted with the prior written consent of the parent/guardian.

I hereby give permission for allergy and/or health information and a photo depicting my child, _____ to be posted for use by staff and volunteers at University District Children's Center.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____