

Medical Contact Form

Student's contact information

Student First Name	Student Last Name	Date of Birth	Grade
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Student Address

City	State	Zip	County
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Provide ANY pertinent medical history including allergies, medications being taken and any physical impairments that may affect your child at school:

Dentist

Name	Phone	Hours
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Address

City	State	Zip
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Doctor

Name	Phone	Hours
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Address

City	State	Zip
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Hospital/Emergency Room

Name	Phone	Hours
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Address

City	State	Zip
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Part 1 or 2 Must be Completed

Part 1 – Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of each surgery.

Signature of Parent or Legal Guardian	Date
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Part 2 – DO NOT Grant Consent

I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent or Legal Guardian	Date
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EMERGENCY CONTACT INFORMATION PURPOSE

To reach parents/guardians or designated contacts for children who become ill or injured while under school authority. This information will be shared as necessary with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel. Emergency contacts **must live** within driving distance of Bellevue.

Health Insurance Portability and Accountability Act (HIPAA)

Family Education Rights and Privacy Act (FERPA)

Any and all personally identifiable information regarding children and families receiving Bellevue City School District Individual Education Plan (I.E.P.) services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to child's records and contains complaints and appeal procedures which apply to disputes over records in possession of Bellevue City School District providers among other provisions.