

*The School District of Hernando County, Florida
919 North Broad Street
Brooksville, FL 34601*

STUDENT MEDICAL CONDITION NOTIFICATION

Dear Parent,

The school records indicate that your child _____ has been diagnosed with the following medical condition(s):

In order to prepare the staff for a possible emergency concerning your child, the school staff must be made aware of your child's medical condition. Therefore, the school is asking for your permission to confidentially notify the teachers and/or staff members and/or transportation of your child's condition, in order to protect your rights, your child's safety and comply with Florida Statute 1002.22 and 381.0056. The school understands this can be a sensitive situation and assures you that this information will be kept as confidential as possible.

Sincerely,

Principal

School

PLEASE SIGN AND RETURN TO YOUR CHILD'S SCHOOL

I hereby give permission for confidential written notification to your staff of my child's medical condition.

Parent Signature: _____ Date: _____