

BROWARD COUNTY PUBLIC SCHOOLS

Consent for Disclosures of Student Identifiable Information to Health Department Officials

The School Board of Broward County, Florida seeks to keep students healthy and safe through the school year. As part of this effort, we will be collaborating with health department officials to address conditions of public health importance, including information to meet or to prepare for a potential or confirmed health condition. This effort will enable us to identify unusual clusters of disease and provide information to the school community, and particularly students at high risk, about illnesses that may endanger their health. These efforts will also help the health department and medical community assess the spread of infectious diseases and allocate scarce medical resources.

Parental consent is required pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, before personally identifiable information from your child’s education records is disclosed to health department officials except when a health or safety emergency exists (or possibly other exceptions as may be applicable). However, if your child is age 18 or over, he or she has to provide written consent for disclosures of information to health department officials from his or her education records.

Please note, information about your child will be shared with health department officials without your consent if school officials determine (1) that there is a significant and articulable threat to the health or safety of your child, other students and/or employees, and (2) that the health department needs to know the information to address the health threat and protect the health or safety of your child or other individuals (34 CFR 99.36).

Based on the above information, I, _____, agree to allow Broward County Public Schools to disclose to health department officials personally identifiable information about my child (name) _____, such as information about medical symptoms and school attendance, for the purpose of addressing the health or safety of my child and/or other individuals, including, but not limited to diseases or conditions determined by Florida law to have public health significance (64D-3.029, F.A.C.).

I understand that I may withdraw my consent to share this information at any time. The revocation of my consent must be submitted in writing and signed.

Signature of Parent, Guardian, or Eligible Student

Date: _____