## **CONSENT FOR RELEASE OF STAFF HEALTH RECORDS**

l,	full name of staff person full name of Child Care Health Consultant
	full name of Staff person full name of Child Care Health Consultant
to review my hea	alth records on file at the child care program:
Additionally Lauth	norize communication about these records between
Additionally, I add	name of Child Care Health Consultant
and	with the understanding that my consent for review of
·	ll name of the Director of the child care program
my health records	s/information and authorization of communication shall be for the limited purpose of understand-
ing and addressi	ng my health needs as they pertain to maintaining and improving child care staff health at
	Further, is authorized name of child care program is authorized
to share the infor	mation gained with his/her supervisor(s) and/or child care health consulting staff working directly
with her/him.	
l d a d . 6 b a 6	:f=
i understand that	information regarding my health found in my health record file is generally confidential and may
not be given to er	mployees of other schools, public agencies or individual professionals in private practice without
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my consent or other legal requirement.	
This consent is gi	ven voluntarily and I understand that I can withdraw my consent at any time. Unless I withdraw
_	
consent, this author	prization will be effective for the period of my employment at
by signing below	I am confirming that I have read, understood and agree to the above conditions and services.
Staff Name:	
	print full name
Ct=#6:	
Staff Signature:	
Date:	

NOTE: In accordance with the Health Insurance Portability and Accountability Act (HIPPA) and applicable California laws, all personal and health information is private and must be protected.

American Academy of Pediatrics and American Public Health Association, (2002). Caring for our children: National health and safety standards:

Guidelines for out-of-home child care programs, Second Edition. Elk Grove Village, IL.