

CONSENT FOR RELEASE OF STAFF HEALTH RECORDS

I, _____, hereby authorize _____
full name of staff person *full name of Child Care Health Consultant*
to review my health records on file at the child care program: _____.
full name of program
Additionally, I authorize communication about these records between _____
name of Child Care Health Consultant
and _____ with the understanding that my consent for review of
full name of the Director of the child care program
my health records/information and authorization of communication shall be for the limited purpose of understand-
ing and addressing my health needs as they pertain to maintaining and improving child care staff health at
_____. Further, _____ is authorized
name of child care program *name of Child Care Health Consultant*
to share the information gained with his/her supervisor(s) and/or child care health consulting staff working directly
with her/him.

I understand that information regarding my health found in my health record file is generally confidential and may
not be given to employees of other schools, public agencies or individual professionals in private practice without
my consent or other legal requirement.

This consent is given voluntarily and I understand that I can withdraw my consent at any time. Unless I withdraw
consent, this authorization will be effective for the period of my employment at _____.
name of child care program

By signing below I am confirming that I have read, understood and agree to the above conditions and services.

Staff Name: _____
print full name

Staff Signature: _____

Date: _____

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.

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.