**SBHC <-> School**

**Information Sharing Agreement**

**For Parent/Guardian Authorization**

The purpose of this information sharing agreement is to allow appointment and class schedule information for _____(student/patient name) to be shared with _____ (school name) for the purpose of calling the student from class for school-based health center (SBHC) appointments with minimal disruption to their learning and for coordination of care.

By returning a signed copy of this agreement you (the parent/guardian) agree: 1) that you are authorized to sign this agreement as _____ 's (student/patient name) parent/guardian; 2) to share information about _____ (student/patient name)'s class schedule with the school; and 3) to share information about _____ (student/patient name)'s class schedule with the SBHC.

By signing this agreement, the school agrees to: 1) not disclose the SBHC appointment information received pursuant to this agreement to any person other than the school's attendance office staff.

By signing this agreement, the SBHC agrees to: 1) not disclose the class schedule information information to any person other than the SBHC staff.

You may terminate this agreement at any time by emailing [SCHOOL STAFF NAME] and [SCHOOL STAFF EMAIL] .

**By: _____**
**Parent/Guardian Name**

**By: _____** **Date: _____**
**Parent/Guardian Signature**

**By: _____**
**School Representative Name**

**By: _____** **Date: _____**
**School Representative Signature**

**By: _____**
**SBHC Representative Name**

**By: _____** **Date: _____**
**SBHC Representative Signature**