

ZACHARY COMMUNITY SCHOOL BOARD

Dear Parent,

Attached you will find the Zachary Community School Board HIPAA policy Notice of Use of Personal Health Information. Please sign and return this form, so that we may maintain a record of your having received the information. Failure to return the signed form may result in a delay in servicing your child.

Thank you,

Zachary Community School Nurses

This is to certify that I have received and read a copy of the "Notice of Use of Personal Health Information".

Parent's Signature

Names of children attending Zachary Community Schools and grades/homeroom teachers of each:

| | | |
|---------------|----------------|---------------------------|
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |

If you have any questions, please feel free to contact your child's school.