

11.

Confidentiality of School Health Records

Learning Prep School supports the rights of our students with respect to privacy and believes all health information must be treated in a confidential manner, in accordance with state and federal laws and ethical standards of nursing practice.

Health and mental health information will remain confidential. Information will be shared only when it is essential to ensure the safety of the student and/or it is relevant to the student's academic progress. In order to provide adequate and appropriate medical care, Learning Prep School nursing staff often find it important to consult with other professional Learning Prep School staff that are directly involved with the student.

All school staff members, in all disciplines, are held accountable to the standards that protect student confidentiality. The same principles are to be applied when health care plans are developed for students with special health care needs who have IEPs or 504 plans. The IEP or 504 teams, including nursing personnel, should determine whether health information should be included in the plans.

School health records are considered a part of a student's education record. Health records include oral, hand written, printed, and electronic records. The school must have written permission from a parent or student over the age of 18 years to release information from a student's record except in specific instances that are defined by law.

Student Medical Alert List

The Student Medical Alert List is a written document used to notify school staff who have a "need to know" about pertinent health information. This document is important in order to protect the health and safety of the student at school. The Student Medical Alert List is a confidential communication between Learning Prep School nursing staff and appropriate school staff.

The following medical conditions appropriate for the medical alert list are:

Students with a:

- medical diagnosis requiring monitoring for signs and symptoms of potentially life threatening reactions, e.g. diabetes, seizure disorders, severe allergies, cardiac conditions.
- severe hearing loss requiring additional means of communication during an emergency situation.
- diagnosed blood disorder who are at increased risk for bleeding.
- compromised immune system
- congenital condition requiring additional safety considerations at school.

Please sign and return with the summer packet the attached parental consent form indicating that you have read and understand this Student Medical Alert as well as the Confidentiality of School Records Form.

If you have any further questions or concerns regarding any of this information, please feel free to call the Nursing Staff.

Learning Prep School
1507 Washington Street, West Newton, MA 02465
Tel. (617)965-0764 Private Fax (617)244-1921
Student Medical Alert Consent Form

I have read and understand the Confidentiality of School Records Form and the Student Medical Alert Information Form.

I understand the need for Learning Prep School Nursing Staff to have and distribute the Student Medical Alert List to “need to know” staff.

I understand that student information will be shared when it is relevant for a student’s academic progress, necessary to address a student’s potential emergency and health care needs, or essential to ensure the protection of the student.

I also understand that Learning Prep School abides by Massachusetts State regulations in regards to the sharing of school health record information.

Name of Student: _____

DOB: ___ / ___ / _____

Name of Parent or Guardian: _____

*Signature of Parent or
Guardian: _____

Date: _____

This acknowledgement will be in effect for the ___ - ___ school year.