

Student Consent regarding Personal Health Information

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I understand how the information that is shared will be used by the receiving party.

Student Signature: _____

Date (MM/DD/YYYY): _____

Witness Name (please print): _____

Witness Signature: _____

Date (MM/DD/YYYY): _____

SW 0008-Two 1-219-T-21(S) F.R.S. Snyrt Thursday 3:30-5:00 Diplo 5.2831(u)-0.8(d)-0CôsQPÃ Ñ I unde