



Consent for Medical Treatment and Transmission of Medical Information

I hereby authorize Olivet Academy to consent to any medical care and treatment for my child, _____, that is recommended by a licensed healthcare provider to whom my child is presented for treatment, while my child is a student at Olivet Academy. In order to ensure that my child receives prompt medical care and treatment when necessary, I hereby release any licensed health care provider providing medical care to my child from liability relating to such provider's acceptance of the substitute caregiver's (Olivet Academy) consent.

I also hereby permit the confidential exchange (telephonic, digital, and in person), of medical information, diagnoses, treatments and recommendations regarding my child between the aforementioned health personnel and the administration including the Health Coordinator of Olivet Academy.

Furthermore, I permit the school to transmit any and all medical information, diagnoses, treatments and recommendations regarding my child to me (parent or legal guardian), telephonically, digitally, and/or in person. I further understand that:

- Olivet Academy will keep and store my child's medical records and reports, (electronically and/or physically), which will be accessible only to the school's administration, for up to six months after my child's enrolment at the school has ended.
- All of my child's medical records and reports in possession of the school will be transmitted to me (parent or legal guardian), removed from the school's server, and stored on external thumb drive (in a safe) for twelve (12) months after my child's enrollment at the school has ended, after which it will be destroyed.
- Olivet Academy will never share my child's medical records and reports in its possession with any 3rd party without my (parent or legal guardian), express, written consent to do so.

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date: _____