THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA CONSENT TO RELEASE HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODOEFICIENCY SYNDROME (HIV/AIDS) INFORMATION

No law requires that a parent or legal guardian notify the School Board of Broward County about the HIV status of their child. If you, as a parent or legal guardian of a child, sign this form, HIV-related information about your child will be released only to staff listed by you in writing. Please fill in the information requested below:

1. The full name of the student whose HIV-related information to be released:

   _____ _____
   Name (PLEASE PRINT) DATE OF BIRTH

2. The name and address of the person signing this form:

   _____
   Name (PLEASE PRINT)

   _____
   Address (NUMBER and STREET)

   _____ _____
   City Zip

3. Relationship to the student in (1): _____

4. Specify what information you would like to release (HIV status, medications, restrictions, special needs, etc.):

   _____

5. Please list by name and position, the staff member(s) to whom HIV-related information will be released:

   _____

   _____

   _____

I understand the reason for, and use of, this form. I know that I do not have to allow release of HIV-related information to anyone in the school system. Only the person(s) listed by me in (5) will be given the HIV-related information identified in (4).

_____ _____
Date Signature of Parent/Legal Guardian

Revised 8/01