

LYONS TOWNSHIP HIGH SCHOOL

Health Services

SOUTH CAMPUS
(708)579-6531
(708)784-9574 (Fax)

NORTH CAMPUS
(708)579-6363
(708)579-6002 (Fax)

COVID-19 Medical Clearance

Parent Consent for Release of Medical Information or Medical Records

I hereby give my permission for the exchange of confidential information contained in the medical record of my child to school personnel for the purposes of facilitating in-person instruction during the COVID-19 pandemic.

Name of Child / Student: _____ DOB: _____ ID#: _____

Please list names of medical provider (MD, DO, APN or PA) and contact information:

Name: _____ Phone#: _____ Fax#: _____

Signature of Parent/Guardian Date

Student is **unable** to safely attend in-person instruction due to health concerns (please specify):

Student is able to safely attend in-person instruction with the following accommodations:

Student can safely wear a face covering at all times within the school buildings and on the bus: Yes ___ No ___

If No, student can safety wear a face shield: Yes ___ No ___

Medical Provider Signature: _____ Date: _____

Medical Provider Printed Name: _____

Office Stamp

Certified School Nurse Review:

Date: _____ Signature: _____