

The Student Health Collaboration

IMPROVING COMMUNICATION. ENHANCING STUDENT HEALTH.

Nemours®

Making It Easier for School Nurses to *Care for Your Child*

Some children with health problems must visit the school nurse every day. The school nurse checks on them, treats them, and tracks their progress. The nurse needs help from parents or guardians to do their job. The nurse also needs to know what a child's health care provider recommends.

Nemours is making it easier for school nurses who work in Delaware public schools to be a part of your child's care team. They can log on to NemoursLink®, our electronic medical records system, with their computer. There, they can see a child's plan of care and information about almost every visit to Nemours/Alfred I. duPont Hospital for Children or a Nemours Pediatrics office. School nurses can only view a child's records if a parent or guardian has signed a form in advance.

Delaware school districts signed up to participate so that school nurses can connect to Nemours information about students at their school. The program that makes this possible is called The Student Health Collaboration.

What is NemoursLink®?

NemoursLink® is a secure way for Nemours to share medical information with community medical providers.

What records can the school nurse see?

With NemoursLink®, a school nurse can see most things that happen when a Nemours provider treats a child. For example, the school nurse can see notes from the doctor, an asthma action plan, can find out about medicines and how to use them, and can see lab and imaging reports. If a doctor says a child can miss school or PE, the nurse can see the letter, but cannot see records from behavioral health or psychiatric visits.

Is my child's medical information safe?

Before anyone can see your child's health record, you must sign a form and return it to the school nurse or a Nemours provider. It allows approved school nurses to see your child's medical record. For added safety, Nemours keeps track of everyone who uses NemoursLink® and what they view.

How long will my child's form be valid?

Only through June 30 of the current school year. You must sign a new form if your child will attend summer school, or if not, before the new school year begins.

Must I participate?

No. You can decide whether or not to sign up for your child. If interested, ask your school nurse or Nemours provider for a form.

Why should I sign up?

The more school nurses know, the more they can do to help. NemoursLink® connects them to information from the Nemours experts who care for your child. Please note that your input is very important. Stay in touch with the school nurse. Tell them right away if your child's care plan or medicine changes – and anything else you think they should know.

For more about the *Student Health Collaboration program*, talk to your school nurse or Nemours provider.





STUDENT HEALTH INFORMATION

AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION AND EDUCATION RECORDS

Student's Name: _____

Date of Birth: _____

MR# _____
(Staff to Complete)

Phone: _____

Address: _____

USE AND DISCLOSE MEDICAL AND / OR EDUCATION RECORDS BETWEEN:

Facility or Name: Nemours/Alfred I. duPont Hospital for Children	District Name: _____
Address: 1600 Rockland Road	School Name: _____
City/ST/Zip: Wilmington, DE 19899	Address: _____
Phone #: _____	Phone #: _____
	Fax #: _____

Authorization

1. I authorize the school nurse and Nemours medical personnel to discuss and share educational records and health information.
2. I understand the school nurse will have access to both treatment and non-treatment related information in my child's medical record.
3. I may revoke this authorization at any time by providing written notification to the addresses listed above for Nemours and my school.
4. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
5. I understand that signing this authorization is strictly voluntary.
6. I can request a copy of this form after I sign it.

EXPIRATION DATE: This authorization will expire at the completion of the current school year (August 15), unless an earlier date is specified: _____

Patient/Guardian/ Representative Signature*: _____

Date: _____

Patient/Guardian/ Representative Printed Name: _____

Relationship to Patient: _____

Witness Signature: _____

Date: _____

* Parent or eligible student as required and defined by Family Education and Privacy Rights Act (FERPA)