

**MILFORD PUBLIC SCHOOLS**  
**MILFORD, CONNECTICUT**  
**Permission to Disclose Confidential Information Regarding HIV/AIDS**

I, \_\_\_\_\_, give permission to inform the following school  
Parent/Guardian Name  
personnel that my child, \_\_\_\_\_, is \_\_\_\_\_.  
Student's Name

I understand that this information will be treated with strict confidentiality as described in the attached Guidelines and Procedures concerning HIV and AIDS.

I give permission to disclose the information to:

Director of Pupil Personnel Services: \_\_\_\_\_  
Name

School Principal: \_\_\_\_\_  
Name

Child's Primary Teacher: \_\_\_\_\_  
Name

School Nurse: \_\_\_\_\_  
Name

I also give permission for \_\_\_\_\_  
Name

to speak to the above personnel about health issues that may relate to my child's education.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please read the confidentiality statement carefully:**

*This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person(s) to whom it pertains, or as otherwise permitted by said law, a general authorization for the release of medical or other information is not sufficient for this purpose.*