



LABBB Health Office at Lexington High School

251 Waltham St. Lexington, MA 02421

Tel: 781-861-2400 ext 1009

Fax: 781-861-1351

Email: healthoffice@labbb.net

CONTACT PREFERENCES AND PERMISSIONS

Student Name: _____ DOB: _____

In the designated areas below, please indicate your preferred methods of contact for health-related communication on behalf of your child.

Parent/Guardian Name: _____

Primary Phone: _____ Cell Work Home

Secondary Phone: _____ Cell Work Home

Email Address: _____

Preferred Method(s) of Communication (check all that apply):

Call Text Email

Parent/Guardian Name: _____

Primary Phone: _____ Cell Work Home

Secondary Phone: _____ Cell Work Home

Email Address: _____

Preferred Method(s) of Communication (check all that apply):

Call Text Email

Email Communication Disclosure & Consent:

The Secretary of State’s Office has determined email to be public record. Student health information is *confidential*. Communication of student health information from the school nurse to parents/guardians via email requires written consent. Health-related information may include medical documentation, health office visits, and/or questions or concerns from the school nurse.

Please check the appropriate box, sign and date below regarding receipt of health-related updates and inquiries from the school nurse via email.

Yes, I give permission for the school nurse to send me health-related information on behalf of my child to me via email.

No, I do not give permission for the school nurse to send me health-related information on behalf of my child to me via email.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____