



Dear DCPS students, parents/guardians, and families:

At DC Public Schools (DCPS), we value the health and wellbeing of our students. We know that students who are healthy are better able to come to school and learn. We are pleased to share that DCPS is partnering with local doctors, nurses, and the DC Department of Health on a project to support our students' health and attendance in school.

Through the project -- which is called the **Chronic Absenteeism Reduction Effort** or **CARE** -- parents or guardians can give permission to DCPS to securely share attendance information with their child's doctor(s), nurse(s), and medical office staff. This information will help these healthcare professionals to provide special outreach and medical attention to children that might be missing school and their families.

Why are DCPS and local doctors and nurses partnering on this project?

DCPS and local medical providers share the goal of having physically and mentally healthy children who are at school, every day, ready to learn. For many students with medical conditions such as asthma, allergies, sickle cell anemia, and diabetes, this can be harder. DCPS and local doctors and nurses are partnering to see if we can better support students' health and wellbeing when doctors and nurses know more about school attendance. Ultimately, we hope this will help students improve their academics.

How will this project help my child?

Doctors, nurses, and their staff are able to provide special outreach and medical attention if your child might be missing school. For example, your child's doctor may be able to recommend a new or different medication to help make your child feel better and to better control your child's asthma, allergies, or other condition. The medical care team may also be able to support other common issues for getting to school, such as transportation or child care needs.

What schools are participating?

For the 2021-2022 school year, the following schools are participating in CARE: Bancroft Elementary, Cardozo Education Campus, Columbia Heights Education Campus, H.D. Cooke Elementary, Marie Reed Elementary, Powell Elementary, Boone Elementary, Burrville Elementary, Hendley Elementary, Ketcham Elementary, Savoy Elementary, Smothers Elementary, Thomas Elementary and Turner Elementary. These schools were chosen because many students at these schools get their medical care at the same doctors' offices. This allows DCPS to closely partner with those doctors and nurses.

How do I sign up?

To sign up, please sign the attached consent form and return to your child's school registrar.

How can I learn more?

If you have questions, please speak with your child's school registrar, school nurse, or medical provider. You can also contact the DCPS Health and Wellness team at healthservices.dcps@k12.dc.gov. A Frequently Asked Questions document is at <https://dcps.dc.gov/node/1240146>.

Sincerely,

Whitney Carrington, **MSHEP, CHES**
Manager, Health Services



CARE Project Consent

Health is important to success in school. My child's school is partnering with local doctors and nurses through the Chronic Absenteeism Reduction Effort (CARE) Project to help keep our students healthy and successful at school. Please complete the form below to give consent for your child to participate.

I am the parent/guardian of _____.
(Student's Name and Date of Birth)

By signing below, I give permission for my child to participate in the CARE Project, and I give consent to my child's school or others at DCPS to share and discuss my child's attendance records with my child's doctor, nurse, and medical office staff. This will allow DCPS to work with these health care professionals to keep my child healthy and successful at school.

I acknowledge and understand that I have the opportunity to review the records to be shared and the right to challenge the contents of such records, and I certify that my child is not at least eighteen (18) years of age.

This authorization will continue through my child's enrollment at DCPS, unless I withdraw my consent in writing. I can withdraw my consent at any time. NOTE: If DCPS wishes to share or discuss other parts of my child's academic record with my child's medical team, I will be asked to provide separate consent.

(Date)

(Parent/Guardian Signature)

(Parent/Guardian Current Address)

(Parent/Guardian Contact Number)

DECLINE TO PARTICIPATE

By signing below, I decline to have my child participate in the CARE Project, and I decline to have my child's attendance records shared with my child's doctor, nurse, and medical office staff.

(Date)

(Parent/Guardian Signature)

(Parent/Guardian Current Address)

(Parent/Guardian Contact Number)



CARE Project Consent for Students Over 18 Years of Age

Health is important to success in school. My school is partnering with local doctors and nurses through the Chronic Absenteeism Reduction Effort (CARE) Project to help keep our students healthy and successful at school. Please complete the form below to give consent to participate.

I am _____.
(Student's Name and Date of Birth)

By signing below, I give permission to participate in the CARE Project, and I give consent to my school or others at DCPS to share and discuss my attendance records with my doctor, nurse, and medical office staff. This will allow DCPS to work with these health care professionals to keep me healthy and successful at school.

I acknowledge and understand that I have the opportunity to review the records to be shared and the right to challenge the contents of such records, and I certify that I am at least eighteen (18) years of age.

This authorization will continue through my enrollment at DCPS, unless I withdraw my consent in writing. I can withdraw my consent at any time. NOTE: If DCPS wishes to share or discuss other parts of my academic record with my medical team, I will be asked to provide separate consent.

(Date)

(Student Signature)

(Student Current Address)

(Student Contact Number)

DECLINE TO PARTICIPATE

By signing below, I decline to participate in the CARE Project, and I decline to have my attendance records shared with my doctor, nurse, and medical office staff.

(Date)

(Student Signature)

(Student Current Address)

(Student Contact Number)