



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 and return to your school registrar or fax to (202) 727-1707. Questions? Please contact healthservices.dcps@dc.gov or call (202) 719-6555.

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)