

**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
CONSENT TO RELEASE OF HIV-RELATED INFORMATION**

No law requires you to notify the School Board about HIV/AIDS. HIV-related information is confidential. If you sign this form, HIV-related information will be given to those principals/site supervisors, teachers, paraprofessionals, and school support personnel working closely with your child, per your designation.

HIV-related information includes any information that is likely to identify someone as having been tested for or actually having HIV infection, antibodies to HIV, AIDS, or related infections or illnesses.

1. Name of person whose HIV-related information will be released:

\_\_\_\_\_

2. Name and address of person signing this form:

\_\_\_\_\_

\_\_\_\_\_

3. Relationship to person whose HIV-related information will be released:

\_\_\_\_\_

4. Specify the information to be released (HIV status, medication, physical restrictions, special needs):

\_\_\_\_\_

\_\_\_\_\_

5. School staff to whom information is to be given:

principal/administrators \_\_\_\_\_

student's teacher(s) \_\_\_\_\_

teacher assistant(s), aide(s) \_\_\_\_\_

HELP Center \_\_\_\_\_

others (identify by position) \_\_\_\_\_

6. This release is valid from \_\_\_\_\_

until \_\_\_\_\_

I understand the use of this form. I know that I do not have to allow release of HIV-related information, and I can, in writing, rescind this consent at any time.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**"It is against the law to keep this form in a cumulative folder. Once the form is signed by a parent, place the form in a confidential location and NEVER release to anyone else".**