

# Permission to communicate health information



Hi parents,

This year, you will get special access to your child's school health care from the comfort of home. I'll use Invincible to message you and post announcements. It's the easiest way for you to see what your child is doing and to get in touch with me.

With this service, you will get access to care information as it's happening. This data can only be seen by you and me. **Please sign below!**

Our goal is to get you to **fill out and return this slip as soon as possible!**

## Learn more about Invincible

Invincible's mission is to help kids with chronic health issues get the care they deserve. Find out more about why we're excited to use Invincible for logging care at school and how it is safe and simple for everyone:

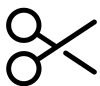
**Learn more:** [invincibleapp.com](https://invincibleapp.com)

**Privacy Policy:**

[invincibleapp.com/privacy](https://invincibleapp.com/privacy)

**Consent Form:**

[invincibleapp.com/consent](https://invincibleapp.com/consent)



**Yes, I give permission for you to allow the school staff to use Invincible to collect, use, and disclose the information about my child to me as set forth in the Invincible Privacy Policy, Terms of Use, and Consent Form.**

Student name: \_\_\_\_\_

Your name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_