



# WEST ALLEGHENY SCHOOL DISTRICT

A Tradition of Excellence . . . A Vision for Tomorrow

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Dear Parents/Guardians

The issue of confidentiality regarding your child is important to the West Allegheny School District. In keeping with legislation, I am asking your permission to give written notification to your child's teachers regarding any medical condition that may require intervention while at school. Please notify me of your desire concerning any health concerns your child may have by returning this paper with the lower section completed.

Please feel free to contact your school nurse should you have any questions.

WAHS – Barbara Lecker, 724-695-5256

WAMS – Mary Beth Hill, 724-695-5234

McKee – Carolyn Stultz, 724-695-5265

Wilson – Michelle Psaros, 724-695-5275

Donaldson – Linda Hart, 724-213-1015

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Student Name: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to have this information shared with teachers.

\_\_\_\_\_ No, I do not wish to have this information shared with teachers.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_