

South Shore Educational Collaborative

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Email Communication Release

I, _____, hereby consent to have South Shore Educational Collaborative school nurses and associated substitute nursing staff at SSEC communicate with me via e-mailing regarding _____ **for my child**, _____.

I understand that e-mail is not a confidential method of communication. I further understand that though all reasonable measures will be taken to keep healthcare information private, there is a risk that e-mail communications may be intercepted by third parties or transmitted to unintended parties. I also understand that any e-mail communications are considered public record under Massachusetts state law and may be printed out and made a part of my child's medical record and school record. I understand that in an urgent or emergent situation I should call my child's medical provider or go to the Emergency Room and not rely on email.

Parent Email Address: _____

Parent's Printed Name: _____

Parent Signature: _____

Date: _____

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The South Shore Educational Collaborative serves Braintree, Cohasset, Hingham, Hull, Marshfield, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth and Whitman Hanson R.S.D.