Dear Colonial students, parents/guardians, and families:

At Colonial School District (CSD), we value the health and wellbeing of our students. We know that students who are healthy are better able to come to school and learn. We are pleased to share that CSD is partnering with local doctors, nurses, the Nemours Children’s Health System (Nemours) and the Delaware Health Information network (DHIN) on a project to support our students’ health and attendance in school.

Through the project -- which is called the Data Access for Student Health or DASH -- parents or guardians can give permission to CSD to securely share attendance information and if the student has an IEP or 504 plan with their child’s doctor(s), nurse(s), and medical office staff. This information will help these healthcare professionals work with families to provide special outreach and medical attention to children that might be missing school or may not be aware of potential services available for their children.

Why are CSD and local doctors and nurses partnering on this project?

CSD and local medical providers share the goal of having physically and mentally healthy children who are at school, every day, ready to learn. For many students with medical conditions such as asthma, allergies, sickle cell anemia, and diabetes, this can be harder. CSD and local doctors and nurses are partnering to see if we can better support students’ health and wellbeing when doctors and nurses know more about school attendance and education plans. Ultimately, we hope this will help students improve their academics.

How will this project help my child?

Doctors, nurses, and their staff are able to provide special outreach and medical attention if your child might be missing school. For example, your child’s doctor may be able to recommend a new or different medication to help make your child feel better and to better control your child’s asthma, allergies, or other condition. The medical care team may also be able to support other common issues for getting to school, such as transportation or child care needs. They will also now know if a child has an IEP or 504 plan and can encourage a family to discuss educational concerns and potential supports/services.

What schools are participating?

All CSD schools will be participating in this project. These schools were chosen because many students at these schools get their medical care at the same doctors’ offices. This allows CSD to closely partner with those doctors and nurses.

How do I sign up?

To sign up, please sign the attached consent form and return to your child’s school.

How can I learn more?

If you have questions, please speak with your child’s school, school nurse, or medical provider. You can also contact Jon Cooper at jon.cooper@colonial.k12.de.us or 302-323-2700. A Frequently Asked Questions document is at https://dcps.dc.gov/node/1240146.

Sincerely,

Jon Cooper, EdD
Director, Division of Health and Wellness
DASH Project Consent

Health is important to success in school. My child’s school is partnering with local doctors and nurses through the Data Access for Student Health (DASH) Project to help keep our students healthy and successful at school. Please complete the form below to give consent for your child to participate.

I am the parent/guardian of ___________________________.

(Student’s Name and Date of Birth)

By signing below, I give permission for my child to participate in the DASH Project, and I give consent to my child’s school or others at CSD to share and discuss my child’s attendance records, IEP status and 504 Capital Plan status with my child’s doctor, nurse, medical office staff, contractors who assist in the treatment and care coordination of my child, and with any DASH project participant. I also give my child’s doctor, nurse, and medical office staff permission to discuss pertinent medical and/or social needs with CSD staff. This will allow CSD to work with these health care professionals to keep my child 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 my child is not at least eighteen (18) years of age.

This consent will continue through my child’s enrollment at CSD, unless I withdraw my consent in writing. I can withdraw my consent at any time. NOTE: If CSD wishes to share or discuss other parts of my child’s academic record with my child’s medical team, I will be asked to provide separate consent.

__________________________   __________________________
(Date)                        (Parent/Guardian Signature)

__________________________
(Parent/Guardian Current Address)

__________________________
(Parent/Guardian Contact Number)
DASH 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 Data Access for Student Health (DASH) Project to help keep our students healthy and successful at school. Please complete the form below to give consent to participate.

I am_______________________________.

(Student’s Name and Date of Birth)

By signing below, I give permission to participate in the DASH Project, and I give consent to my school or others at CSD to share and discuss my attendance records with my doctor, nurse, and medical office staff. **I also give my child’s doctor, nurse, and medical office staff permission to discuss pertinent medical and/or social needs with CSD staff.** This will allow CSD 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 consent will continue through my enrollment at CSD, unless I withdraw my consent in writing. I can withdraw my consent at any time. NOTE: If CSD 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)