

Related Entries: (Not identified at this time)

Students With AIDS or HIV

The following procedures shall be followed with regard to students with AIDS or HIV and access to educational programs:

- (1) Students infected with HIV and/or Acquired Immune Deficiency Syndrome (AIDS) shall be admitted to or continued in school based upon the criteria set forth in the following:
 - (a) Guidelines published by the Centers for Disease Control (CDC) guidelines published by the American Academy of Pediatrics.
 - (b) All applicable statutes, regulations and court decisions.
- (2) Nothing in this policy shall be construed to preclude the application of the Individuals with Disabilities Education Act (IDEA), PL 105-17, 20 U.S.C.1400-1485, or Section 504 of the Rehabilitation Act of 1973, to those children who otherwise are entitled to the protection of such laws.
- (3) Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or staff member. No information regarding a person's HIV status shall be divulged to any individual or organization without a court order or the informed, written, signed and dated consent of the infected person (or the parent or guardian of a legal minor). Information regarding HIV status shall not be added to a student's permanent record without written consent of the infected person or parent/guardian. All health records, notes, and other documents that reference a person's HIV status shall be kept under lock and key.

STATUTORY AUTHORITY: 384.29(1)(a), 1001.41; 1001.42; 1001.43; 1005.05, F.S. and SBER 6A-19.001

Adopted: 10/19/10(formerly 4.15)

THE SCHOOL DISTRICT OF LEE COUNTY, FLORIDA
CONSENT TO RELEASE HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED
IMMUNODEFICIENCY SYNDROME (HIV/AIDS) INFORMATION

No law requires that a parent or legal guardian notify the School District of Lee County about the HIV status of their child. If you, as parent or legal guardian of a child sign this form, HIV-related information shall be released only to those staff listed to you in writing.

The full name of the child whose HIV-related information is to be released:

Name (please print) Date of Birth

The full name and address of the person signing this form:

Name (please print)

Address (number and street)

City State Zip

Relationship to student:

Specify what information you would like to release (HIV status, medications, restrictions, special needs).

Please list by name and position, the staff members to whom HIV-related information can be released.

I understand the purpose of and use of this form. I know that I do not have to release HIV-related information to anyone in the school system and that only persons listed by me shall have access to HIV-related information about my child.

Signature of Parent/Legal Guardian Date