



# St. John's Military School

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## NOTICE OF PRIVACY PRACTICES

I understand that by signing this document, I confirm receipt of the Notice of Privacy Practices for St John's Military School. I understand that a copy of this document will be kept in my cadet's personal medical chart for the duration of the 2008-2009 school year.

Parent's / Legal Guardian's Signature \_\_\_\_\_

Parent's / Guardian's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

### For office use only

Cadet Name \_\_\_\_\_ Cadet # \_\_\_\_\_

Documented By \_\_\_\_\_