

**Polk County School Board (PCSB)
Wellness Program**

**Permission to Use
Protected Health Information
to Promote the Wellness Program**

I consent to the use of my name, health-related experience, photograph, and/or audio-videotaped interview in the health-education and wellness-promotion materials produced by the PCSB Wellness Team.

I understand that health-education and wellness-promotion materials may include newsletters and educational pamphlets for PCSB staff; the PCSB Wellness website; oral presentations to promote education and screening at PCSB worksites; and, in rare instances, mixed-media presentations to nonprofit county, state, and national liaisons.

If my wellness-program experience is cited in a journal article or training manual for use outside the PCSB school system, I understand that personal identifiers, such as my name, will be omitted.

Name (please print)

Signature

Date signed