

IN-HOUSE
MEDICAL INFORMATION RELEASE FORM
2014-2015 SCHOOL YEAR

Dear Parent/Guardian:

Many students have various medical conditions that school staff members should be prepared to deal with in their classrooms. It is now our responsibility to notify parents/guardians that their consent is required to share this medical information with staff.

Please sign below and return to the school ASAP.

I _____ give permission to release medical information

(Print Parent/Guardian Name)

on my child _____ in Grade _____ to the staff of St. Peter's Regional School.

(Parent/Guardian Signature)

(Date)

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St. Peter's Regional School
Changing the World, One Student at a Time