

**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)

121 Lincoln Place \* Liberty, NY 12754  
Office (845) 292-7270 \* Fax (845) 292-2891  
HYPERLINK "http://www.stpetersliberty.org" [www.stpetersliberty.org](http://www.stpetersliberty.org).

## **St. Peter's Regional School**

**Changing the World, One Student at a Time**