

AUTHORIZATION FOR RELEASE OF INFORMATION ON NEED-TO-KNOW BASIS

Reverend George A. Brown Memorial School strives to protect the well-being of our students, especially those with special health needs. This includes assisting teachers, students and administrators to adapt to a student's health needs.

Because of this commitment it is important that certain confidential information about the student's health be shared with different staff members. This information will be used to plan for the care and management of the student. It will be shared with those members of the professional staff who have direct responsibility for the student when in school or participating in school activities.

Please complete the release below:

I hereby authorize an exchange of information to occur between the school nurse, my child's physician and those members of the professional staff that have direct responsibility for my child when in school or when participating in school activities. Permission is effective for the school year in which it is granted and is renewed for each subsequent year.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____