



Framingham Public Schools
Robert A. Tremblay, Ed.D., Superintendent of Schools

DEPARTMENT OF HEALTH AND WELLNESS

Ms. Judith Styer, Director
73 Mount Wayte Avenue, Suite 5
Framingham, MA. 01072
Telephone: 508-626-9197 Fax: 508-877-3243

STUDENT' NAME _____ SCHOOL _____
DATE OF BIRTH _____ GRADE _____

Attached is an authorization for the release of medical information for the student named above.

We are in need of this information to determine how best to accommodate the student's health issue in relation to the school environment.

Please indicate your consent to release your child's medical information by signing below.

Sincerely,

School Nurse/School Physican/Principal

Authorization to CONSULT PHYSICIAN, HOSPITAL, or CLINIC

I hereby authorize any physician, hospital, or clinic that has cared for my child, _____, to release medical information to the Framingham Public Schools School Health Services for its confidential use, as stated above.

SIGNED: _____ **DATE:** _____
Parent/Guardian