



Weymouth Public Schools

Authorization to Obtain and Release Privileged Information

Student Name: _____ DOB: _____

Address: _____

Parent/Guardian: _____

Telephone: _____

The school staff, including but not limited to, nurse, PT/OT/Speech, are hereby granted my permission to obtain and/or release the following information to/from:

Discuss concerns and current diagnosis and treatment regarding child's medical needs, conditions, status and treatments; including orders or other specific concerns, procedures, etc.

Complete name and contact information of provider:

Name: _____ Specialty: _____

Telephone: _____ Fax: _____

Address

Other Address: _____

I acknowledge that I have read and fully understand the above statements and that this release is revocable at any time by submitting a request in writing.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____