WALPOLE PUBLIC SCHOOLS
WALPOLE, MASSACHUSETTS

SCHOOL HEALTH DEPARTMENT

PARENT'S PERMISSION TO RELEASE MEDICAL INFORMATION

I hearby authorize____to release to the
Hospital or Health Professional

Department of the Walpole Public Schools, a medical report summarizing the health and physical

condition of ____
Name of Student

I also release____or_________________________from
Name of Health Professional Name of Hospital

all liability and all claims pertaining to the disclosure of this information.

This permission also grants telephone conversations between the school staff and the above named
health professional.

PLEASE SEND INFORMATION TO:

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Signature of Parent or Guardian

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Address

____
Date