

School District of South Orange & Maplewood  
525 Academy Street  
Maplewood, New Jersey 07040

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Parent/Guardian Permission to Release and Exchange Confidential Information

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

I hereby authorize an exchange of information to occur between my child's physician, the school nurse and appropriate school personnel regarding any medical conditions my child may have.

\_\_\_\_\_  
Physicians Name

\_\_\_\_\_  
Phone Number

This authorization will be in effect for the school year: \_\_\_\_\_

\_\_\_\_\_  
Print  
Parent/Guardian or Adult Pupil Name

\_\_\_\_\_  
Signature  
Parent/Guardian or Adult Pupil

\_\_\_\_\_  
Date

Please be aware that all medical information regarding your child is considered confidential. This information can only be shared with staff members with your consent. This includes allergies, medication taken at home or other medical conditions, such as asthma, diabetes, or history of seizures. If you child has a medical condition that you feel the classroom teacher needs to be aware of, you may share this information with the teacher yourself or sign this release form giving us permission to share medical information about your child with appropriate staff.