

TEANECK PUBLIC SCHOOLS
MEDICAL DEPARTMENT

THOMAS JEFFERSON MIDDLE SCHOOL

DATE _____

GRADE _____

RELEASE OF MEDICAL INFORMATION

I _____ parent/guardian of _____

will allow for the sharing of information between the student's health care team and the nurse to divulge necessary medical information to the necessary staff. *

I will notify the nurse if I wish to make changes to this release.

Parent/Guardian

Dennis Miller RN/SNMS

School Nurse

201-833-5480

Release expires at end of current school year.