

Release of Information

Release to: Trousdale County Schools

Please release any information and materials that may contribute to the school assessment or care of my son/daughter, as these parties have a legitimate educational/medical interest in the materials.

Please include educational, psychological, and/or medical information as needed.

Physician's Name

Physician's Office Address

Physician's Telephone Number

Physician's FAX Number

Student's Name

Birthdate

School's Name

School's Location

School's Telephone Number

School's FAX Number

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date Signed

This release is necessary to assure quality care and allow our nurse(s) to communicate with the physician/Medical Provider regarding medical conditions or needed medications.