

*Davis Thayer Elementary School
137 West Central Street
Franklin, MA 02038
508-541-5263
Fax-508-553-0891*

*Kathryn Wilson
School Principal*

*Patricia Elias, RN, NCSN
School Nurse*

Release of Information

Student's Name: _____ Date of Birth: _____

Home Address: _____ Home Phone No. _____

School: _____ Grade: _____

- I authorize permission for _____ to release and exchange information and records with the Franklin Public School Nurse.

- I authorize the Franklin Public School Nurse to engage in verbal conversations with _____ regarding my child.

For purposes of: **management of student's health concerns.**

Signature of Parent/Guardian

Date