

*F.X. O'Regan Early Childhood Development Center*

224 Oak Street  
Franklin, MA 02038  
508-541-8166  
Fax-508-541-8254

Karen Seyfried  
*Principal*

Mary Nuzzo, RN  
*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