

John F. Kennedy School
551 Pond Street
Franklin, MA 02038
Telephone: (508) 541-5260 Fax: (508) 553-0892

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