

*Jefferson Elementary School  
628 Washington Street  
Franklin, MA 02038  
508-541-2140  
Fax: 508-541-2124*

*Jane Hyman,  
Principal*

*Leslie McInnis, RN, BSN  
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 a Franklin Public School Nurse.
  
- I authorize a Franklin Public School Nurse to engage in verbal conversations with \_\_\_\_\_ regarding my child.

For purposes of: **Discussing health concerns.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date