

*Oak Street Elementary School
224 Oak Street
Franklin, MA 02038
508-541-7890
Fax-508-541-8047*

*Corine Minkfe,
School Principal*

*Kym Cameron, 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