

*Gerald M. Parmenter School  
235 Wachusett Street  
Franklin, MA 02038*

*Telephone: (508) 541-5281*

*Fax: (508) 553-0894*

**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