

*Remington Middle School
628 Washington Street
Franklin, MA 02038
508-541-2130
Fax: 508-541-2124*

*Paul Peri
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