

CLINTON CITY SCHOOLS
212 NORTH HICKS STREET
CLINTON, TENNESSEE 37716
Phone: 865-457-0225 Fax: 865-463-0668

RELEASE OF MEDICAL INFORMATION

I hereby
authorize: _____

Address: _____ Phone # _____

To release/obtain medical information on:

Date of Birth: _____

Release information to:

___ Clinton Elementary School Fax # 865-457-1024

___ North Clinton Elementary Fax # 865-457-1193

___ South Clinton Elementary Fax # 865-457-1089

Information Requested: _____

I hereby release Clinton City Schools from all liability that may arise from
the release of the information requested and received.

Signature of Parent or Guardian: _____

Date: _____

This information has been disclosed to you from records whose
confidentiality is protected by Federal Law. Federal regulations prohibit you
from making any further disclosure.