

**MURRAY COUNTY SCHOOLS
RELEASE FORM
AUTHORIZATION FOR THE SCHOOL NURSE
TO OBTAIN AND/OR RELEASE INFORMATION**

Physician Information:

Name

Street Address

City State Zip

Student: _____ **DOB:** _____

Records or information requested/released:

- medical records (including diagnosis and educational implications)
- permission to obtain reports needed for educational planning
- permission to discuss my child's medical progress to plan for educational services
- Other: _____

I give permission to the above named physician's office to release the requested information to the school nurse about my child for the purposes of educational planning.

Parent or Legal Guardian

Date
