



Olga Hugelmeyer, Ed.D.  
Superintendent of Schools

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Coordinator of School Nurses

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MEDICAL INFORMATION

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

As parent/guardian of the above-named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimens) to be exchanged among appropriate professional staff involved in the care of the above-named student. This consent is valid for the \_\_\_\_\_ school year and is intended to allow the staff to better serve my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Certified School Nurse

\*Renew Annually

Elizabeth Public Schools offers translation accessibility of district communication and materials. For further assistance, please contact Marie Verdon, Coordinator of School Nurses.

Las Escuelas Públicas de Elizabeth ofrecen accesibilidad de traducción de comunicación y materiales del distrito. Para obtener más ayuda, comuníquese con Marie Verdon, Coordinator of School Nurses. As Escolas Públicas de Elizabeth oferecem acessibilidade à tradução de materiais e comunicação do distrito. Para obter mais assistência, entre em contato com Marie Verdon, Coordinator of School Nurses.

Lekòl Piblik Elizabeth yo ofri tradiksyon aksè nan komunikasyon distri a ak materyèl yo.

Pou plis asistans tanpri kontakte Marie Verdon, Coordinator of School Nurses.

Marie Verdon, Coordinator of School Nurses  
بمنطقه اليزابيث التعليميه تقدم خدمه الترجمة لجميع اللغات في حاله الحاجه لهذه الخدمة المقدم اتصل برقم

*Division of Student Services*