

TRINITY ACADEMY

AUTHORIZATION FOR EXCHANGE OF
CONFIDENTIAL INFORMATION

Student_____

Grade_____

As parent/guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff involved in the care of the above student.

This consent is valid for 2010-2011 and is intended to allow the staff to better serve my child.

Sincerely,

School Nurse

Signature of Parent/Guardian

Date