



**Medical Record and Communication Release**

(Permission is optional)

Please print

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

I, \_\_\_\_\_ (parent/guardian), hereby grant permission for the nursing staff at Burlington County Special Services School District to receive medical records and/or communicate directly with the following doctors:

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/fax#: \_\_\_\_\_

Email address: \_\_\_\_\_

Specialist/Treating Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/fax#: \_\_\_\_\_

Email address: \_\_\_\_\_

Specialist/Treating Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/fax#: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Please send information to nurses' confidential fax (609) 969-6029. If you have any questions or concerns, please call BCAS School Nurse, (609 261-5600 ext 2504) You may return to school with student.