

Gorham School Department  
Health Office

RELEASE OF MEDICAL INFORMATION

Date:

I hereby request that \_\_\_\_\_

Release to: \_\_\_\_\_

Nurse

School

Address

The following information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the following student: \_\_\_\_\_ D.O.B \_\_\_\_\_.

For the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date